UNISION OF VITAL RECORDS, 201 W. PRESION SI., BALLIMORE, MARTILAND 21 201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dech from yoy be retained by the haspital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached far use as the build-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygene prior to buriol, cremation, ar removal.	IMPORTANT: If them 21 is marked or Item 18 shows ony injury, or other traumatic event, the medical examiner must be notified at once.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The I retained by the haspital or ottending physicion.	TO FUNERAL DIRECTOR: After this should be detached for use as the buwith the State Dept. of Health and M	IMPORTANT: If Hem 21 is marked or

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

250 DATE REC'D. BY REGISTRAR 255 BEGISTRAR'S SIGNATURE

an Maria

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
	CEASED NAME	FIRST		MIDDLE	į.	AST	20. DATE OF DEATH		DAY YEAR	26 HOUR AN
(TYPE	OR PRINT)	BERTI	E V	IRGINI	A AL	KIRE	SEPTEMBE	R 19,	1981	8:20 M
3. SE	Х	4	RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
1	Female		Whi	te	Dec.	18, 0 1899 TEAR	81	YR5	MONTHS DATS	HOURS MIN.
	RTHPLACE (STATE C	R FOREIGN 7		WHAT COUNT	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	
W	est Virgi	nia	U	SA!	WIDOWE		Allegan	7.5		MD
	ITY OR TOWN OF D				RSING HOME O	OR OTHER INSTITUTION	12a. USUAL OCCUPAT	ÖN		F BUSINESS OR
(	CUMBERLA	ND	MEMO	RIAL	HOSPITA	AL.	Housewife		Own H	ome
13a. S Ma	AL RESIDENCE (IF NO STATE BYLAND ATHER'S NAME	13b. COUNT Alleg	Υ	Cumbe	OWN	13d. INSIDE CITY LIMITS? YES NO  15 MOTHER'S MAIDEN NAM	130 STREET ADDRESS 9 Bellvu	e St.		
-	FIRST All	bert AI	kire	LAST		First Mary	Marsh		LAST	ſ
	VAS DECEASED EVE			16b. SOCIAL S	ECURITY NO.	17 INFORMANT	ADDRE	SS		
	no no ok onknown)	(IF YES, GIVE	WAR OR DATES)		16 0	Mr. William	A. Cotrill	, Son	Cumber	land, Md.
NO	PART 2 OTHER SIG	WAS CAUSED IMMEDIATE  yy, which mmediate ting the se last.	DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS C	PR AS A CONSE	OUENCE OF	1A 1IC	CARCING!			MATE INTERVAL ONSET AND DEATH
CERTIFICATION	19a DATE OF OPER	ATION	196 COND	ITION FOR WH	ICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	
MEDICAL CER	21a. ACCIDENT WAS U OR CONTRIBUTING [ (IF EITHER, NOTIFY ME 21d. INJURY OCCU	CAUSE OF DEATH	P. 21e PLACE	OF INJURY  .M. MONTH  .M.  OF INJURY  REET, FACTORY, OFF	19	21c. HOW INJURY OCCURR 211. LOCATION STREET	ED (ENTER NATURE OF INJU		ART 1 OR PART 2)	STATE
2	AT WORK AT W	ORK	(A) NOME SI	REET, PACTORT, OFF	ICE, PARM, ETC.)	37,667				0,,,,,
	22a. I certify that ( sow the decectobave, (I) (we)	(did) (did nat)	view the bady	after death.	9,on	22e ADDRESS	MEDICAL STAI DIRECTOR PHYSIC	FF	22c. DATE	SIGNED
				UITHAI			SPITAL ME	DICAL	- BLDG	•
23a. E	Burial, CREMATION	, REMOVAL	236. DATE 9-22-1			emetery or crematory on Mem. Gardens	23d LOCATION Curvertown Cumberla	and, A	county	STATE

ADDRESS

DHMH - 16 50M 1/B1 (VRA 15, 4)

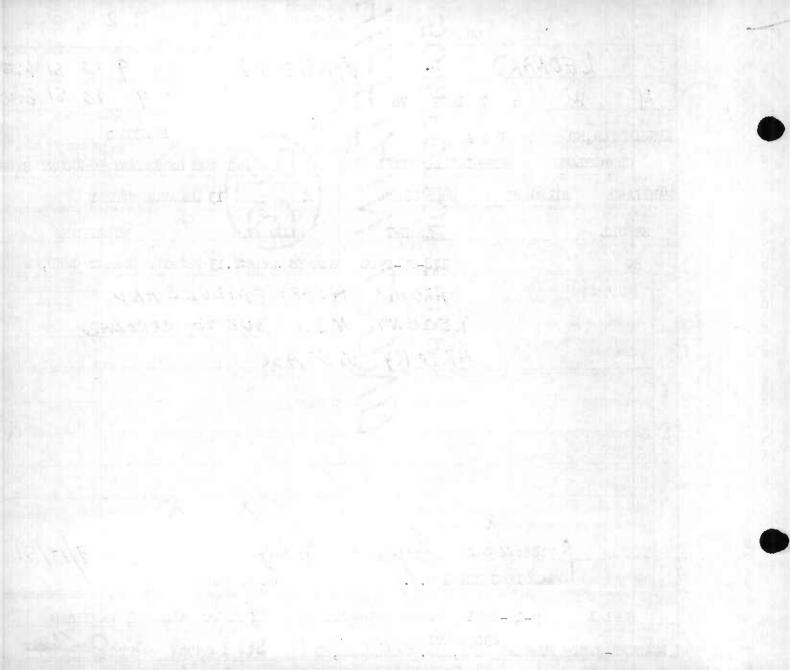
24 FUNERAL DIRECTOR

James F. Scarpelli

BP.

SERTIE VINCINIA PALKICE PEPTEMBER 12, 1981 8:20 Reference Light Committee COMBECT NO. ... NEWORTAL HOSPITAL In the contract of the second OR . MACARATMAM GANLITHAM & MEMORIAL HOSRITAL MEDICAL BLDG. metal of the contract of the c RAST ... See Province ... Courts ... Courts

1 500			OF MARYLAND		0 0	12 500	28
FOR STATE REGISTRAR		EPARTMENT OF HEADICAL EXAMINER			REG. NO.	0 0	2
1. DECEASED NAME	ONARD	MIDDLE L	ARGEN	20. DATE KN OF DEATH M	NOWN MONTH	13 1981	26. HOUR
M A RACE		907 74 YRS.	FUNDER 1 YR. IF UNDER	MIN PRONOUNCE DEAD	7	13 ,81	24 HOUR 6.3Q
BIRTHPLACE (STATE OR FOREIGN COUNTRY)  KENSTNGTON MD  10. CITY OR TOWN OF DEATH		ITAL, NURSING HOME, OR	ARRIED NEVER MARR DOWED DIVORC OTHER INSTITUTION	ED 120. USUAL OCCUPA		Y	MD.
	NG HOME OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	RET MGR A		PISCOUNT	STOR
MARY LAND  14. FATHER'S NAME FIRST	A LLEGANY MIDDLE	CUMBERIAND LAST	YES NO 1	130 STREET ADDRESS EN NAME		LAST	
SAMUEL  1 160. WAS DECEASED EVER IN		ARGANT  166. SOCIAL SECURITY NO.  578-07-0900	ELIZA)	BETH	ADDRESS	LKINSON	MD
Canditions, if any gave rise to in cause (a) stating the lying cause last.	y, which	CHRONIC. AS A CONSEQUENCE OF AS A CONSEQUENCE OF A TERY	MID DISEASE	DUE TO	E.AND CORON	APPROXIMATE BETWEEN ONSE	EINTERVAL I AND DEATH
190. DATE OF OPERATION DATE OPERATION DATE OF OPERATION DATE OPERATION DATE OF OPERATION DATE OPERATIO	ON 196 CONDITI	ON FOR WHICH OPERATIO	IV WAS PERFORMED?		Y IN ITEM 18 PART 1 OR P	2D AUTOPSY' YES  PART 2)	, но Х
220   certify that I to death resulted fram:  ACTUAL SIGNATURE	HILE STREET, FACTOR  RK  Sak charge of the remains descri  Natural causes A,	ribed abave, held an Accident , Suicide	M.D. DEPUT	Undetermined manu	and in my oner,	9/12	)81
210 EXTERNAL CAUSE UNDERLYING OR CONTRIBUTING CA 21d INJURY OCCURRE WHILE NOT WAT WORK AT WORK  220 I certify that I to death resulted fram: ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)  230.BURIAL, CREMATION, REA (SPECIFY) BURIAL 24 FUNERAL DIRECTOR	9-15-1981	23c NAME OF CEMETE PINTO MENNO	RY OR CREMATORY ONITE CEMETER	PON DRIVE    1331 LOCATION   CITY OF TOWN REC'D. BY REGISTRAR		MARYLAND	TATE
LEASURE STEI	N FUNERAL HOME	ALTIMORE AVE	AND, MD	SEP 17 148	hans	Sanla	Mitter:



	1.	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE O I	2 2 3 5 6
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MON	TH DAY YEAR 26 HOUR
		ELOIS	E GROVE	BAKER	SEPTEMBER :	21. 1981 3:45P
	3. SE	<	4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	) IF UNDER 1 YEAR IF UNDER 24 HR
		Female	White	3 - 1 -1906	75	YRS.
35		RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S?A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BLLEGANY	
52	10 C	TY OR TOWN OF DEATH Cumberland	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	170 USUAL OCCUPATION	
5	13a S	TATE Md 1300 00	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE	AOMISSION) 13d. INSIDE CITY LIMITS? YES 1 NO 1	13e. STREET ADDRESS	
10	14 FA	Alfred	MIDOLE Hawki	ns Clara	MIDDLE	Grove
medical		VAS DECEASED EVER IN U.S. AI (ES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU	Victor Ba	ker Midl	and, Md
As ony injury, or other from	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	Anteriosal	NCE OF  DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED	200 AUTOPSY? 20b	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
1	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR	YES NO	YES NO
E 9		OR CONTRIBUTING CAUSE OF DE		Y YEAR		
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F)	211 LOCATION	CITY OR TOWN	COUNTY STATE
MPOKIANI: If them 21 is mort		220. I certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did ) (did no 22b SIGNATURE 22d. PHYSICIAN'S NAME (TYPE)	of) view the body after death.	ATTENDING PHYSICIAN [	MEDICAL STAFF → DIRECTOR   PHYSICIAN	
Q J		WAYNE SPIGG		The second secon	TON DR., CUN	MBERLAND, MD.
		Burial, CREMATION, REMOVAL	9/24/81 M	emorial Park	Frostburg	
1/81	24 FU			REET 250 DA		

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			WAYNE SPICELE

CUMBERLAND, MARYLAND

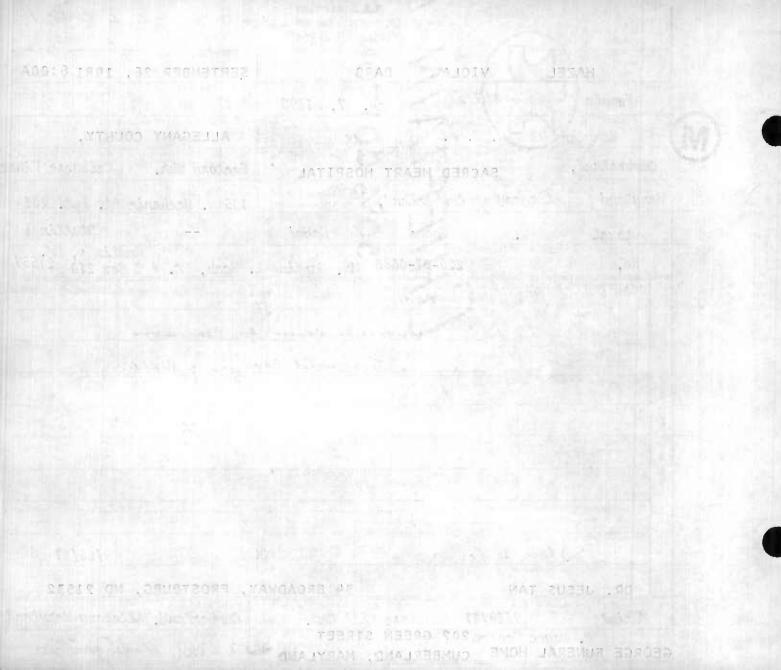
FOR

(VRA 15, 4)

GEORGE FUNERAL HOME

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



SCARPELLI FUNERAL HOME CUMBERLAND, MD

- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

SEPTEMBER IC, 1081 1 1590	AFTHUR STAILEY IBAUER
	A STATE OF THE STA
ALLEGANY COUNTY	
allowing materials	I SACRED HEARY HOSPITAL
Amount of the	E Contractor years the british
	total allies
ari Digar nadawi tendi ni Masin Masin na katawa ka masin masin Masin na katawa ka masin ma	ind . The property of the second state of the
nalblemplicyrci ynd	inticular Pibrillation, Asonemia, Second
22, 22,	97 ,82 , m
10/67/6	
BING ST., CUMBERLAND, 15.215	LISANUBL NACORSON, M.D
Less Customized, Lipping,	SCAPELLI FUNGRAL HONE CLUBERLAND, ND

FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	ME O IOT NO IN						REG. N	10.			
	DECEASED NAME	FIRST	WIDDLE	L	AST		20. DATE OF DEATH	HINOM	DAY YEAR	Zh HOU	R
L	Lew	ris I	dward		Beal		Sept. 2	3, 198	1	9:19	М
3.	SEX	4. RACE	NIED ED	5. DATE O			6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR		
	Male	Whit	e	Oct.	16	1901	79	YRS	MONTHS BAYS	HOURS	MiN.
120	BIRTHPLACE (STATE OR FO	REIGN 76 CITIZEN OF	WHAT COUNTRY?	8			9 BALTIMORE CITY		OF DEATH		
-	Md.	U.S.A		WIDOWE	D D	MARRIED .	All	egany			MD.
10	CITY OR TOWN OF DEAT		HOSPITAL, NURSING	HOME O	R OTHER INS	TITUTION	12a USUAL OCCUPAT		12b. KIND C	) F BUSINE	SSOR
	Cumberland	Me	morial Hos	pita	1		Janitor	o. Women o En		nool	
F	SUAL RESIDENCE (IF NURSIN	G HOME OR OTHER INSTITUTION  B COUNTY  Allegany	130. CITY OR TOWN		13d INSIDE	CITY LIMITS?	13e STREET ADDRESS	Total E			
14	FATHER'S NAME		IIIO Davas	36		S MAIDEN NAM	NE .				
0	FIRST	WIDDLE	LAST	ERI		FIRST	WIDDLE		LAS		
16	John a WAS DECEASED EVER IN	Lewis	Beal 166. SOCIAL SECUR	ITY NO	17 INFORM	aura	ADDR	EĆĆ	Albri	.ght	
1	(YES, NO OR UNKNOWN)	LIFYES GIVE WAR OR DATES)									
-	162	WWI	212-10-63	050	нетеп	Real Ro	x 207 Elle	rslie,			
	PART I. DEATH WA	Enter only one couse pe							BETWEEN	ONSET AND	VAL DEATH
	1	AMEDIATE CAUSE (a)	Clande	spul	money	one	T		en	me	unt
	44099	DUE TO C	R AS A CONSEQUEN	U	/						
	Conditions, if any,		A A A CONSEQUE		CUD						
Т	gove rise to imme	diote									
	underlying couse	last DUE TO, C	R AS A CONSEQUEN	ICE OF							
	PART 2 OTHER SIGNII	(c)	ON THE PROPERTY OF THE PROPERT	A TILL DOLLT	LOT BELLIE	70 7115 755				_	
1			ON KIBOTING TO DE	AIN BUIL	NOTRELATED	J TO THE TERMI	NAL DISEASE OR COM	IDITION GIV	ENINPARIT	a	
	I 190 DATE OF OPERATION		ITION FOR WHICH C	PERATION	WAS PERFO	DRMED	70e AUTOPSY?	T20h JE YES	, WERE FINDI	NGS LISER	
Name of the last	190 DATE OF OPERATION						YES NO	IN CERTIF	YING CAUSES	OF DEATH	H?
	210 ACCIDENT WAS UNDER			. WEAR	21c HOW IN	JURY OCCURRE	ED (ENTER NATURE OF INJ	JRY IN ITEM 18 P	ART I OR PART 2)		
3	OR CONTRIBUTING CA	DOL OF DEATH	.M. MONTH DAY	YEAR							
13	(IF EITHER NOTIFY MEDICAL  21d. IN JURY OCCURRE		OF INJURY	17	21f LOCATI	ON					
1	WHILE NOT WHILE	(AT HOME, ST	REET, FACTORY OFFICE FAR	M ETC )	STREE	T	CITY OR TO	OWN	COUNTY	51	TATE
ш		his haspital) attended th		1-1	19	70	191.	-	Or		
			7	1 000	d short in Imy	(dus) anisian d	eoth accurred an the d	-to and box		that (CO	,
	obove, (1) we) (did	did not view the bady	ofter death.		-	(gor) opinion a	earn accurred an the a	ore and have			ted
	22b. SIGNATURE	m.00.			EGREE	ATTENIONIO	11EDICA1		22c. DATE	SIGNED	
	4	Jacon		m		ATTENDING PHYSICIAN	MEDICAL STA		241	Je M.	'
	22d. PHYSICIAN'S NAM	E (TYPE OR PRINT)			22e. ADDRES	SS					
	Anthony J	. Bollino,	Jr. M.D.		955 1	rederi	k St. Cum	h M	4		
23	BURIAL, CREMATION, RE			ME OF CE		CREMATORY	23d. LOCATION	IV. a IVIC			_
	(SPECIFY) Burial	Cont O					Mt. Sava	an A	COUNTY		ATE
24	FUNERAL DIRECTOR	bept 2					REDD (BY DECAMA	25b REGIEL	llegany	114	105
-	NAME	. D	AD.404	Decat	ur St.		EL % 0 130	130	4	-	
D	ilcox-Merrit	runeral S	erviceCumb	erLar	ia, Md.	•					

BP

TO HOSPITAL

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detoched for use as the burial-transit permit. Then please remove carban paper with the State Dept. at Health and Mental Hygiene prior ta burial, cremation, ar remaval.

IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, ar

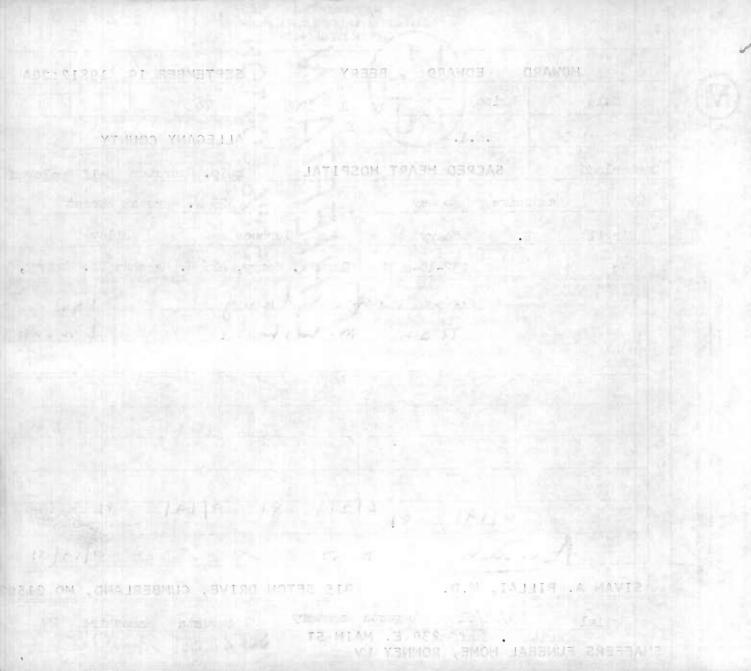
91.19 (1.10.1) P. 1.19 180E . 39 . Jest i.e oo. 1 1901 913 In tertand to the second of the second icofor ac ins, lea 272-16-530 elan orl ox 207 Mileratio, 6. 2.529 in a contract of the contract AC CUENT ... eller erricht merel certerat eller eller. c.

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OIVISION OF VITAL RECOROS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The Inferior of the hospital or attending physician.
	BP.
	DHMH - (VR

	TYPE OR PRINTS	ELWO	000	RALPH		AVERS	20 DATE OF DEATH		1981	26 HOUR P
3	3 SEX	LLIIO	4 RACE		5. DATE	OF BIRTH	6 AGE (IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HR
L	Male			White	Jan	30, 1915	66	YRS.	MONTHS DAYS	HOURS MI
	Mary lan	.d	U	OF WHAT COUNTR	MARRI		9 BALTIMORE CITY Alle	or count	TY OF DEATH	
	CUMBERL	AND	(IF NOT I	EMORIAL	HOSPI		120 USUAL OCCUPA (EXPE OF WORK FOR MOS'		LIFE) 126 KIND ( INDUSTRY Text	ile Ind
	Md.	IF NURSING HOME O	or other institu inty egany	130 ME OR IC		13d INSIDE CITY LIMITS? YES MO	13e. STREET ADDRESS 16 Queen		et	
1	Ralph Ralph		WIDDIE	Beavers		15. MOTHER'S MAIDEN NA			Reev	es
1	WAS DECEASED	EVER IN U.S. AI	WIT OR DATE			Mrs. Frances	Beavers,		en St.	McCoo.
ı	100	7	DUE TO	O, OR AS A CONSEC	UENCE OF					
	PART 2 OTHER	s immediate stating the cause lost.	DUE TO	D, OR AS A CONSECTION OF THE CONTRIBUTING TO	OUENCE OF	T NOT RELATED TO THE TERM  TO SO				1221
)	gave rise to cause (a), underlying	a immediate stating the cause lost.	DUE TO	O, OR AS A CONSECUTION OF THE CONTRIBUTING TO	OUENCE OF	5 7 DN WAS PERFORMED	200 AUTOPSY? YES NO X	20b. IF YE	ES, WERE FINDI	NGS LISED
и.	Gave rise to couse (a), underlying  PART 2 OTHER  190 DATE OF O  210, ACCIDENTW	as immediate stating the cause lost.  R SIGNIFICANT  AS UNDERLYING  G CAUSE OF DELY MEDICAL EXAMINE	DUE TO	D, OR AS A CONSECTION OF THE CONTRIBUTING TO	OUENCE OF  O DEATH BU  CH OPERATIO	DN WAS PERFORMED  121c. HOW INJURY OCCUR	200 AUTOPSY? YES NO X	20b. IF YE	ES, WERE FINDI	NGS USED OF DEATH?
	Gave rise to cove ioi, underlying  PART 2 OTHEL  190 DATE OF COVERIBUTION  OR CONTRIBUTION  (IF EITHER NOTH  21d. INJURY OF	as immediate stating the cause lost.  R SIGNIFICANT  AS UNDERLYING  G CAUSE OF DELY MEDICAL EXAMINE	DUE TO CONDITION 19b CC 21b, TIM HOUF	DO, OR AS A CONSECUTION OF THE CONTRIBUTING TO THE CONTRIBUTION OF	O DEATH BUT CH OPERATION DAY YEAR	DN WAS PERFORMED  121c. HOW INJURY OCCUR	200 AUTOPSY? YES NO X	20b. IF YE IN CERT Y	ES, WERE FINDI	NGS USED OF DEATH? NO
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	PART 2 OTHEI  190 DATE OF C  210. ACCIDENT W OR CONTRIBUTION (IF EITHER NOTH 21d. INJURY OF 22d. I certify th sow the d obove/ID  22d. PHYSICIAN	AS UNDERLYING COURSE OF DE LY MEDICAL EXAMINE COURSE OF DE LY MEDICAL EXAMINE OF LY MEDI	DUE TO (c)  CONDITION  19b CO  21b. TIM HOUR (AT HOW	O, OR AS A CONSECTION OF THE CONTRIBUTING TO THE CONTRIBUTION OF T	DAY YEAR  19  ERGER	211. LOCATION STREET  ATTENDING PHYSICIAN ADDRESS	200 AUTOPSY? YES NO ERED (ENTER NATURE OF IN death occurred on the DIRECTOR PHYS	20b. IF YE IN CERT Y URY IN ITEM IS	ES, WERE FINDING CAUSES (ES	NGS USED OF DEATH NO THE NO TH

CHAPON CALPH BEAVE'S SEPTEMBER 6, 1981 2:17 CUMBERIAND KEMORIAL HOSPITAL Outer 1. Value of a large very measure in a great to a 13

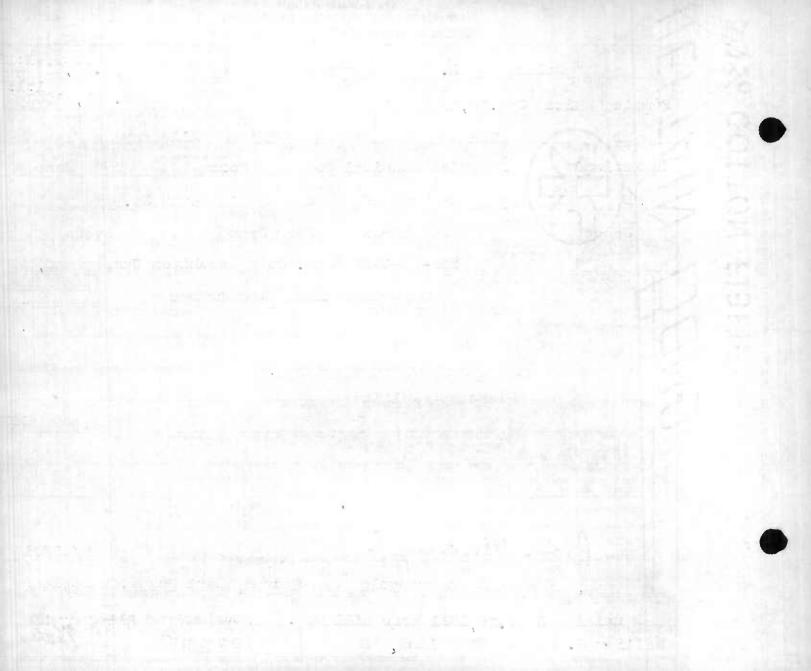
	1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B	22361
. 85	I. DI	ECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
A		HOWAR		BEERY	SEPTEMBE	R 19, 19812:20A
	3. SE	Male	White	May 1 DAY 1905	6 AGE (IN YEARS LAST BIR	THDAY)  IF UNDER 1 YEAR  IF UNDER 24 HRS  MONTHS DAYS HOURS MIN.  YRS.
1 2	W	OUNTRY) est Virginia	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY O	R COUNTY OF DEATH
Dongled	-	umberland	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPAT	ON 126 KIND OF BUSINESS OR INDUSTRY
ag Company	USU 13a	STATE	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)		arsham Street
examine 14	14. F	ATHER'S NAME FIRST Virgil	E. Beery	15 MOTHER'S MAIDEN N	AME	Riley
medical	3 160	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SECTION	JRITY NO. 17 INFORMANT	ADDRE	
18 shaws any injury, ar ather trac	CERTIFICATION	Canditions, if anyl which gave rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT		ENCE OF  DEATH BUT NOT RELATED TO THE TER  OPERATION WAS PERFORMED	MINAL DISEASE OR CON	DITION GIVEN IN PART I (a)  20b. IF YES, WERE FINDINGS USED IN CERTIFY ING CAUSES OF DEATH? YES NO NO
or Hem 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	AY YEAR	RRED (ENTER NATURE OF INJUR	
,	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	PARM ETC.) 218. LOCATION STREET	CITY OR TO	WN COUNTY STATE
21 is marked		saw the deceased alive an	at) view the body after death.	, and that in (my) (aur) opiniar	ta 9 19 death occurred on the do	. 19
ANT: If Item		22b. SIGNATURE	Nation		MEDICAL STAF	220. DATE SIGNED  P \ 9 \ 9 \ S
With the State		SIVAN A. PII	LAI, M.D.	22e ADDRESS		MBERLAND, MD 215
3	23a. I	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236 DATE 9/21/81 AU	NAME OF CEMETERY OR CREMATORY LIGHT STATE OF CEMETERY		Hampshire WV
OM 1/B1			h S. Shaffer 30			25b. RESISTRAR'S STONATURE



a fifth Light of which the to the state of th Mangage Carriers Committee and Executive Line and Committee and Committe FLOW OF STREET, Control of the Street, Control of the Street, or - real country the manual police of the All officers - worth to be the

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BURIAL PARK CUMBERLAND ALLEGANY 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE SILCOX-MERRITT FUNERAL SERVICE CUMBERIAND MD.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NOF

STATE

10:40.AM

IF UNDER 24 HRS

1981

IF UNDER 1 YEAR

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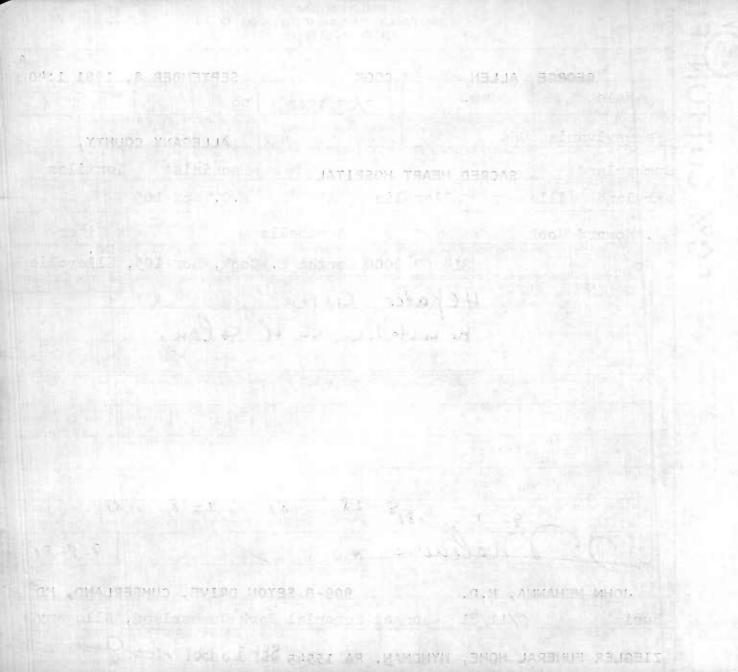
-	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8   REG. NO	2 2 3	5 9
may be , page 3 ter death		CEASED NAME FIRST MAR	RY 1. Iren	e COLL1	NS LAST	SEPTEMBER 2		12: 30A <sub>M</sub>
4 of	3 SE	Female	White	5. DATE MON Ma		6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR MONTHS DAY	
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within 24 hour	13a. S	TATE 136 COL			13d. INSIDE CITY LIMITS? YES NO 1 15. MOTHER'S MAIDEN NA		ing St.	LAST
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equires that the deoth certificate in signed by the attending physics. Then please remove carbon paper raburial, cremation, or removal. injury, or ather traumotic event, the	NOI	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	ONLY ONE CONTRIBUTING	DUENCE OF WOLL	nbosci		dent	OXIMATE INTERVAL IN ONSET AND DEATH
The law reicion.  te has been sixty permit. I giene priar shows ony ii	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATI		YES NO	206. IF YES, WERE FINI IN CERTIFYING CAUS YES	NO [
ital OR ATTENDING PHYSICIAN. by the hospital or ottending phys RAL DIRECTOR: After this certifical edetached for use as the burichtrar Stote Dept. of Health and Mental Hy NT: if them 21 is marked at Item 18	MEDICAL CER		DEATH P.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI  spitol) ottended the deceosed fro on not: view the body ofter death.	19 CE, FARM, ETC.)	216 LOCATION STREET  2 5 19 8 1 19 8 1 19 1 19 1 19 1 19 1 19	city or tow	COUNTY  26, 19  ste and hour and from t  27c, DA	STATE  _, that [we) lost
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	1.	FOR - STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH		2	2 3	1	0
		CEASED NAME FIRST	N	NIDDLE		LAST			AY YEAR	2b HOU	R A
		GEORGE	ALLEN		. coo		REG. NO.    To Date of Death Month Day Year 16 Hour A SEPTEMBER 8 1981 1:40 M				
	3. SE	<sup>x</sup> Male	4. RACE Cau		S. DATE O	7/23/1902 YEAR		MC			
5		IRTHPLACE (STATE OR FOREIGN COUNTRY) ennsylvania	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED		IMORE CITY OR COUNTY OF DEAT			MD	
~		mberland	(IF NOT IN SUCH	OSPITAL, NURSIN HFACILITY, GIVE STREET.	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR				
5	130. 5	AL RESIDENCE (IF NURSING HOME OF STATE TYLAND ALLE	other institution of the state	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSUDE CITY LIMITS?	13 PSTREET ADBRESS	105			
0	14 FA	ATHER'S NAME  . Howard Cool	MIDDLE C	LAST		Annabelle			Riz	er	
	16a V	MAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES GIV		214 07	2000	Bertha B.				rsl	ie
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9	190 DATE OF OPERATION 196 CON 210. ACCIDENT WAS UNDERLYING 216. TIME			TION FOR WHICH	OPERATIO	N WAS PERFORMED	111	IN CERTIFY	ING CAUSES	OF DEAT	H?
7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINES 214 INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINES AT WORK AT WORK	HOUR A.A.P.A.	a. Month da a.	19	216. HOW INJURY OCCURR 211. LOCATION STREET				ST	TATE
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1	B	JOHN MEHAN BURIAL, CREMATION, REMOVAL SUPPLIANT	NA. M.	31 Sur	NAME OF C	EMETERY OR CREMATORY Memorial Pa	23d LOCATION ark Cumber	rland,	°°'A'lle	gan	
		UNERAL DIRECTOR	AL HOME	ADDRESS	4 A B I		P 1 5 1981	Trans	( )	Parcer	



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10. C	ITY OR TOWN	OF DEATH	11. NAME OF HOS	SPITAL, NURSING H		HER INSTITUT	ION		OCCUPATION OF WORKING LIFE		OR INDUST	JSINESS
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16a.	WAS DECEASE	D EVER IN U.S. ARA	AED FORCES?	166. SOCIAL SEC	URITY NO.	17. INFORM			ADD	RESSFRO	STBURG,	MD.
	NO	N.		218-68	-2579	MRS.	BRE	NDA C	OOK 5	6 GRE	ENE ST	
	18. CAUSE C	OF DEATH (Enter an							7.7		APPROXIMAT	E INTERVAL
PARTIDEATH WAS CAUSED BY:  Gun Shot Wound To The Chest									SUCC	en		
	19334 (DUE TO, OR AS A CONSEQUENCE OF											
	Conditions, if any, which gave rise to immediate (b)											
	cause (a lying ca	) stating the <u>under</u> -	DUE TO, OR	AS A CONSEQUE	NCE OF							
			(c)									
z	PART 2 OTHER 5	IGNIFICANT CONDITIONS C	DATRIBUTING TO DEATH	BUT NOT RELATED TO TH	E TERMINAL DISEAS	E OR CONDITION	GIVEN IN PAR	T 1 (a).				
ATIC	190. DATE OF	FOPERATION	19b. CONDI	TION FOR WHICH	OPERATION W	AS PERFORA	MED?				20. AUTOPSY	?
FIC											YES 🗍	NO 🗆
CERTIFICATION	210 EXTERN	AL CAUSE WAS	21b. TIME OF		21c. H	OW INJURY	OCCURRED	) (ENTER NATU	RE OF INJURY IN IT	TEM 18 PART 1 OF		140 🗆
	UNDERLYING	G OR ING CAUSE OF D		M. MONTH DAY	YEAR S	elf i	nfli	cted	gunsh	ot wo	und	
MEDICAL	21d. INJURY		21e. PLACE (	OF INJURY (AT HO	ME, 21f. LC	CATION	- No. of the					
X	WHILE AT WORK	NOT WHILE	STREET, FACT	TORY, FARM, ETC.)		STREET		GI	TY OR TOWN		COUNTY	STATE
			e af the remains des	scribed above, held	an Autap	sy .	Inspection	X	nquiry X	and in my	apinian	
	220. I certify that I taak charge af the remains described abave, held an Autapsy Inspection Inquiry Inquiry and in my death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner ,											
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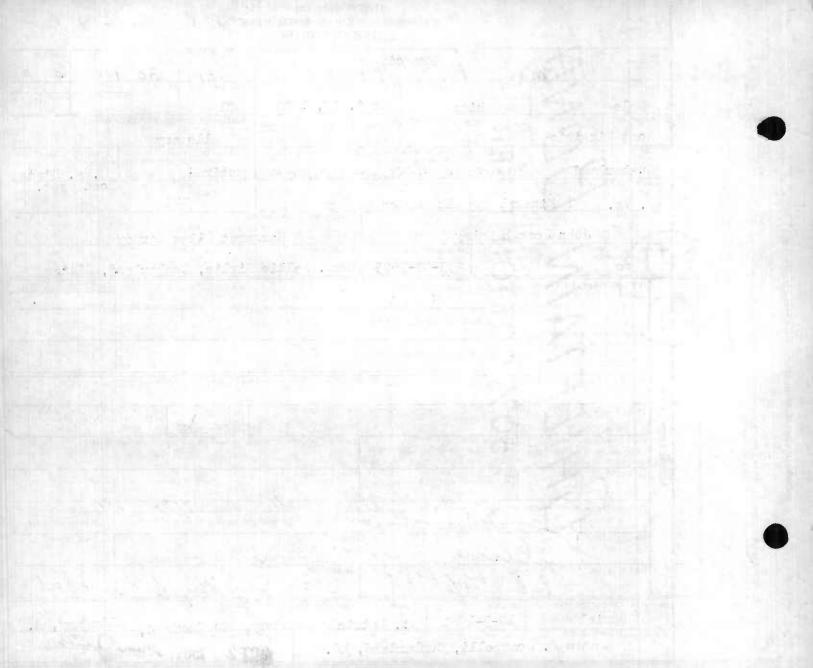
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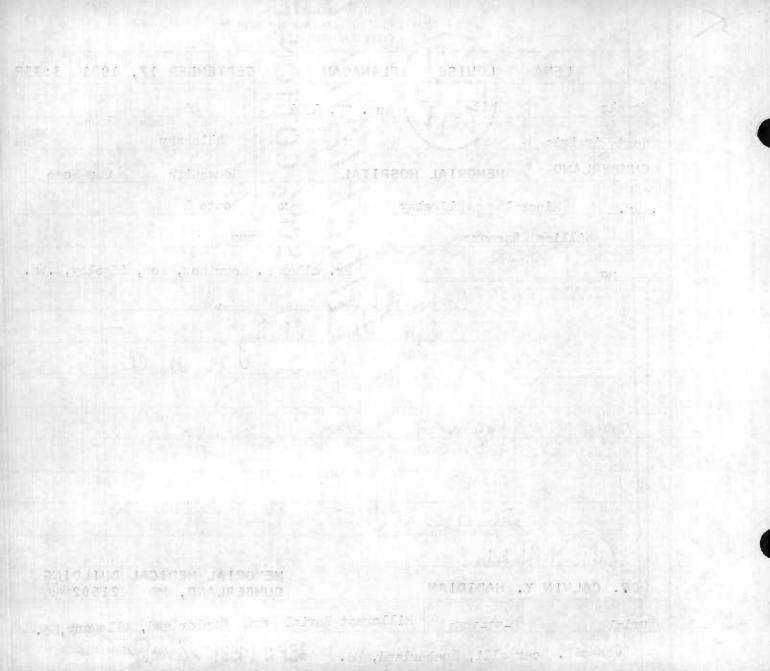
DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME LAST 2n DATE OF DEATH YEAR 2h HOUR Marjorie Evans 9/29/81 11:30am 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 10/ 30/ 07 Female. white 73 TO BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Frostburg, Md. USA DIVORCED [ Allegany' WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF INDUSTRY Frostburg, MD. Housewife Frostburg Community Own Home 17 Powells Lane Allegany Fros thurg 13d. INSIDE CITY LIMITS? YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Clara HAwkins Grove ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IF YES GIVE WAR OR DATES 213-22-2840 Ja Mallery 48 Tarn Terrace, Freetburg 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to gove rise to immediate couse (o), stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NC NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF IN JURY 211. LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220 | certify that (1) (this hospital) attended the deceased from\_ sow the deceased alive on. \_, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death, 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Jesus H. Tan. M.D. Frostburg, Md. 21532 230 BURIAL CREMATION REMOVAL 231 NAME OF CEMETERY OR CREMATORY Burial Oct. 2,1981 Frostburg Memorial Park Frostburg, Allegany, Md. 24 FUNERAL DIRECTOR Durst Funeral Home, Frostburg, Md. 21532

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5 0- /	9	16a.	WAS DECEASED EVER IN U.S. A	RMED FORCES?		CURITY NO.	17. INFORMANT	ADDRE		<u> </u>	
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beer mit. prior	ony	₹ V	19d. DATE OF OPERATION	196. CON	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	20b. IF YES	WERE FINDIN	GS USED
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× \$ \$ \$ \$ \$	5	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211. LOCATION				
	ked	Z	WHILE NOT WHILE AT WORK	(AT HOME, S	STREET, FACTORY, OFFIC	E, FARM, ETC.)	STREET	CITY OR TOV	N	COUNTY	STATE
OR ATTENDING  e haspital or att  DIRECTOR: After  ched for use as tl  Dept. of Health at	a a		22a.1 certify that (1) (this hasp	ital) attended t	the deceased from	7	1 2 10 81	- 7/	-3	10 17	ah - a / ts /
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	±		THE STOTAL ORC	0.		1	7 ATTENDING	_ MEDICAL STAF	F	22c. DATE	SIGNED
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E E E W >	3	23a.	BURIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR CREMATORY	238. LOCATION		COUNTY	STATE
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DHMH - 16 60M 7/7	73	24. F	UNERAL DIRECTOR	0 - 5	A ADOPESSA		25a. DAT	E REC'D. BY REGISTRAR		RAR'S SIGNATI	DRE
(VR A 15 (4))	,		NAME James F.	Scarpel	lli, Cumb	erland	, Md.	DT 9 14HI	Mary	U. Calendario	

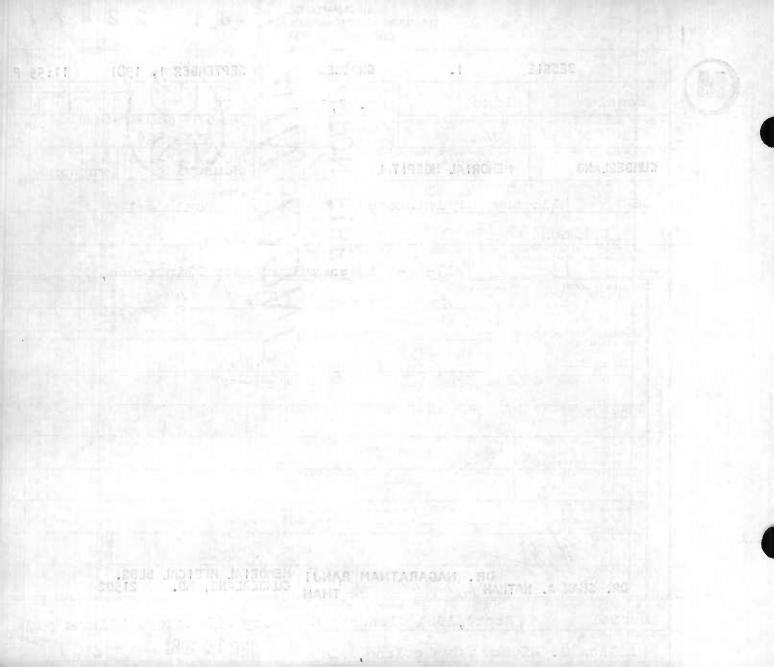


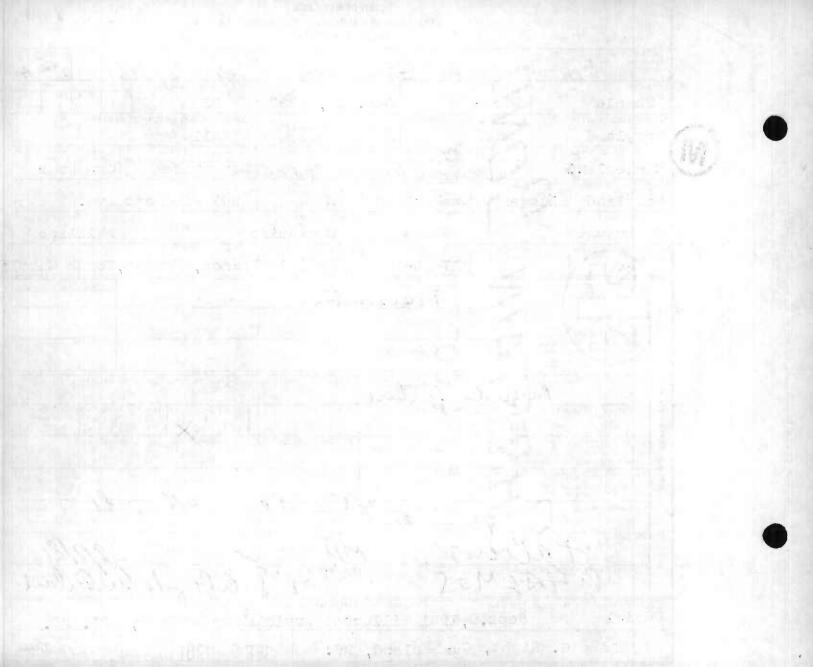


Cumberland. MD

(VR A 15 (4))

William G. Kight





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(	1	REGISTRAR	M	EDICAL EXAMI	NER'S CER	RTIFICATE	OF DEA	TH	REG. N	10.			
		CEASED NAME PE OR PRINT)	FIRST	WIDDLE	LAST	7			KNOWN	MONT	H DAY	YE AR	24 HOUR
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S. # 20 H 2	10.C	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING HO	AE, OR OTHER I	INSTITUTION	12a. USU	AL OCCUP	ATION (T)	PE OF WOR	K 12b. KII	ND OF BU	SINESS
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AND RETAIN	) N	D	Allegany	Cumberlar		YES NO		resa		eet			
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		18 CAUSE OF DEATH (E PART I DEATH WAS	inter only one couse per l	ine far (o), (b), and (c).)	. 1	10. X		- 1			BETY	PPROXIMATE WEEN ONSET	INTERVAL
ON SERVICE TENT			MEDIATE CAUSE (a)	Mou		Herr	ra	lu	ce				
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(VR A15 ME (5))		NAME		li, Cumberl		I PED	1 1 4		101	-	M	-6	

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hould be with the S	1		MILLIA	M P. I	AMES		22e ADDRESS 441 N. CEN	NTRE ST.,	CUMBI	ERLANI	O, MD

23c. NAME OF CEMETERY OR CREMATORY

441 CUMBERLAND, CENTRE ST. 23d LOCATION

STATE

Burial	Sept.	9.	1981	Sunset	M
FUNERAL DIRECTOR	717577				

23b. DATE

230 BURIAL, CREMATION, REMOVAL

Allegany Cumberland

Wayne George 202 Greene St. Cumberland. Md.

SEP 141981

BP.

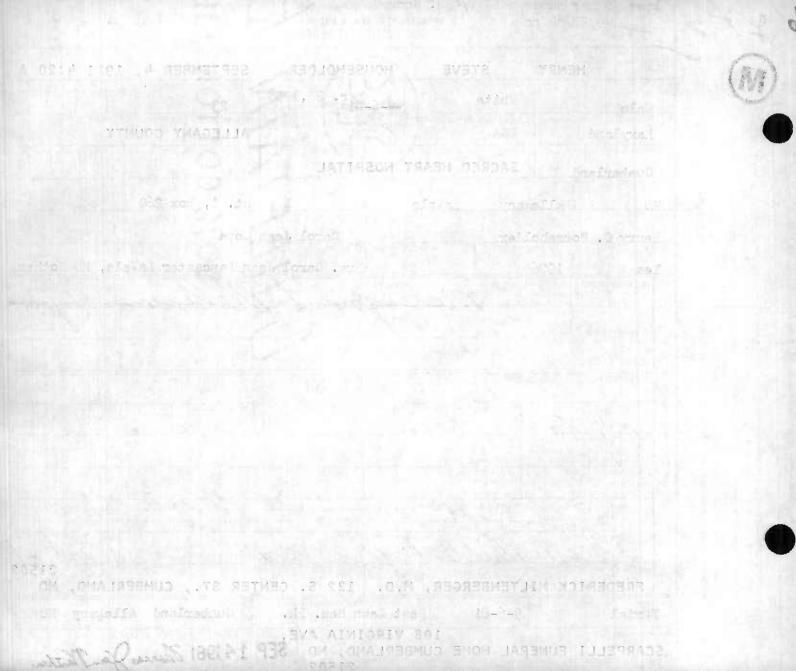
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O FUNERAL DRECTOR After this certificate hould be detached for use at the burial strong with the State Dept. of Health and Mental Hyan MPORTANT. If them 21 is morked or hem 18 sha	MEDICAL CERTIFICATION	Conditions, if any, who gove rise to immedia jourse (a), stating to immedia jourse (a), stating to indestying course to ART 2 DTHER SIGNIFIC LAND CONTRIBUTION OF ACCOUNTS WAS UNDESTRUCTED AND CONTRIBUTION OF ALL CONTRIBUTION O	MILTEN	O, OR AS A CONS  O, OR AS A CONS  O, OR AS A CONS  OS CONTRIBUTING  DIVIDITION FOR INITIAL  ME OF INJURY  R. A.M. MONTH  P.M.  ACE OF INJURY  REATHER FACCURY OF  Indicate decreased to  Social filter decreased to	EQUENCE OF TO DEATH BUT HICH OPERATE TO DAY YEAR 19	THE HOW INJURY OCCUR  THE LOCATION  THE LOCATION  TO SHEET  TO SHE	28u AUTOPSY?  YES  NO. S  RED (14-118-4-118) OF INJ  BITY CR. I  MEDICAL DIRECTOR PHYSI	ZBL IF YES, W. IN CERTIFYIN YES [  JOHN 19 175 M 18 PART 1  JOHN 19 175 M 19 M 1	ERE FINDINGS G CAUSES OF COUNTY COUNTY The Date SIG



DHMH - 16 50M 1/B1 (VRA 15, 4)

1			STAT	E OF MARYLAND	Ch. I	0	0 7	0 /3
1	FOR - STATE		DEPARTMENT OF I	EALTH AND MENTAL HY	GIENE &	ha	6	0 4
1.	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N			
	CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH	_	YEAR 2b	HOUR .
(TYP	E OR PRINT)  ANNA	MAE	LUMPE	DICON				A
3 SE		4. RACE	HUMBE 5. DATE O		6. AGE (IN YEARS LAST BIR	ER 25		JNDER 24 HRS
	TOTOLATTO		MONT	H DAY YEAR		MO		DURS MIN.
No D	FEMALE  IRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT		L 14 1925	56	YRS	T DCATH	
	COUNTRY		MARRIE	D NEVER MARRIED	9. BALTIMORE CITY C	K COUNTI O	FUEATH	
A 10 C	W.VA.	USA	WIDOWE					MD
	ITY OR TOWN OF DEATH	HOI' IN SUCH FACILIT	TY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT	F WORKING LIFE	12b. KIND OF BUINDUSTRY	JSINESS OR
-	CUMBERLAND			HOSPITAL	RETAIL	SALES Q	LERK	
	AL RESIDENCE (IF NURSING COL	JNTY 13c CI	SIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
MA	RYLAND ALI		MBERLAND	YES NO	519 DRYE	R AVE.		
14. Fz	ATHER'S NAME	WIDDIE	LAST	15. MOTHER'S MAIDEN NA				
	PERCY	E.	KING	FIRST	WIDDLE		BAER	
	WAS DECEASED EVER IN U.S. A		DCIAL SECURITY NO.	17 INFORMANT	ADDRI	ESS		
(	YES NO ORUNKNOWN) (IF YES, G	236	-36-1229	THOMAS NEAT	JR 519 DRYE	R AVE C	IIMBERTAL	ND MD.
	18 CAUSE OF DEATH (Enter of			121101210	011 / 21/ 21/		APPROXIMATE BETWEEN ONSE	
	PART I. DEATH WAS CAUS	ED BY:	2. 1 -h				3 cal	T AND DEATH
	IMMEDIA	ATE CAUSE (0)	5 entmils				300	(-
	0337	DUE TO, OR AS A	CONSEQUENCE OF	0			44	/
1	Conditions, if any, which gave rise to immediate	(b)	Vigues -	nen			( 00	1.
	couse 101, stating the underlying couse last.	DUE TO, OR AS A	CONSEQUENCE OF					
	onderlying coose lost.	(c)						
7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	IN PART Tra	
I E	mony	in gladed	whom					
CERTIFICATION	19a DATE OF OPERATION	196 CONDITIONA	OR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b IF YES, V	VERE FINDINGS	USED DEATH?
al E					YES NIX	YES		10 🔲
	21a. ACCIDENT WAS UNDERLYING		RY ONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
SAL	OR CONTRIBUTING CAUSE OF DI	FWILL	19					
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJ		211 LOCATION STREET	CITY OR TO	na/M	COUNTY	STATE
E	AT WORK NOT WHILE AT WORK	(AT HOME, STREET FACT	TORY OFFICE FARM ETC )	SIRCEI	CITORIO		00000	JIAIL
	22a.1 certify that (I) (this has	oital) attended the decer	osed from	. 19	, to		that	(II (we) lost
	sow the deceased alive a		19 87	nd that in (my) (our) apinion				
	obove, (I) (wg) (did) (did n	ot) view the body ofter d		DEGREE			122c DATESIGN	NED
	101	_/_		ATTENDING	MEDICAL STA		9/25	141
+	224. PHYSICIAN'S NAME (TYPE	O'REINT!	- Xh	PHYSICIAN 22e. ADDRESS	DIRECTOR   PHYSIC	IAN	1/023/	0/
		/-	0	ITE. ADDRESS			/ /	
-		EZA, M.D.		912 SETON I		BERLA	ND MD	2150
23a. l	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d LOCATION		distance and	A MARK
	BURIAL	SEPT 28 1	981 SUNSET	MEMORIAL PAR	1000 4000	ID TIE	. A stantil	RYLAND
	UNERAL DIRECTOR	- N	ADDRESS	25a. D	AS TO BY BE COM AR	2514年第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	SO ( ANATORE	-
S	ILCOX-MERRIT	T FUNERAL	HOME 404	DECATHER	CT CT			

SEPTEMBER 95, 1981 5:58 TEST IT THE ATTROOP 'S TROOP LINE SELECT SELECTION OF THE PERSON OF SACRED HEART HOSPITAL SEC. N. LEVEL P. S. STANDARD THANKS AND STANDARD 224-26-1225 HARRING HEIDS HINE AND STREET STREET CHALTEN TRADICAL CHARTESTING SHARE THE STATE OF THE SECOND SECTION OF TAXABLE STATES. SILCOX-MERRITT FUNERAL HOPE AND DECATUED OF.

ly filled in by the funeral should be filed within 72

attending physician and completely nove corbonpapers. Poges 1-and 2 sh

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detoched for use as the burial-transit permit. Then please remove carbon papel with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

STATE OF MARYLAND FOR - STATE

uneral director 21502 Wayne George 202 Greene St. Cumberland, Md.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

						ICATE OF DEATH		REG. NO.			
(149	ECEASED NAME PE OR PRINT)	FRANK	EDWA	ARD	JAUM	O T		MBER		YEAR 1981	26 HOUR 6:50PM
3. SE	Male		4 RACE White		5. DATE C	2 21 DAY 1898	6. AGE (IN YEAR		IF UN MONTH	DER I YEAR	HOURS MIN
	BIRTHPLACE ISLA COUNTRELINO		76 CITIZEN OF W	A.	8 MARRIEI WIDOWE	D NEVER MARRIED D	9 BALTIMORE		UNTY OF	DEATH	ME
	UMBERLA		(IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET MORIAL	ADDRESS)	I TAL	12a USUAL OC		12		F BUSINESS OR
13a M	JAL RESIDENCE (1)			IS CITY OF TOY		13d. INSIDE CITY LIMITS?	130. STREET OF	oppess alnut S	it.	-41	
14. F.	Julës	F.	rederick	Jaluno	t	15. MOTHER'S MAIDEN NA Edith		MIDDLE		Dritt	art
16a Y	WAS DECEASED (YES, NO OR UNKNOW	EVER IN U.S. AR		166 SOCIAL SECU 212-24-1		17 INFORMANT Mrs. Jane E,	Bassel	ADDRESS	lalnut	t St.	21502 Cumb.
	Conditions, if	1.1.1		/ 1 1 LA		44-11					
7	gove rise to couse (6), underlying	immediate stating the cause last.	(c)	as a conseque ntributing to e		NOT RELATED TO THE TERM	MINAL DISEASE (	DR CONDITION	N GIVEN II	N PART 10	
TIFICATION	gove rise to couse (6), underlying	immediate stating the couse last.	(c)	ntributing to E	DEATH BUT	NOT RELATED TO THE TERM	20a AUTOPS	SY? 20b.	IF YES, WE	RE FINDIN	IGS USED OF DEATH?
MEDICAL CERTIFICATION	gove rise to couse (o), underlying (in the property of the pro	immediate stating the course last.  SIGNIFICANT (  PERATION  AS UNDERLYING   C CAUSE OF DE, Y MEDICAL EXAMINES	19b. CONDIT	NTRIBUTING TO D ION FOR WHICH INJURY 1. MONTH DA	OPERATION  AY YEAR  19		YES	70b.	IF YES, WE CERTIFYING YES	RE FINDING CAUSES	IGS USED
	gove rise to couse (o), underlying  PART 2 OTHER  19a DATE OF OI  21a, ACCIDENT W. OR CONTRIBUTING  IF EITHER NOTE:  21d INJURY OC  WHILE  AT WORK	immediate stating the course last.  SIGNIFICANT (  PERATION  AS UNDERLYING   COUNTY OF THE COURTED   OUT WHILE   OUT WHILE	19b. CONDITIONS COI	INTRIBUTING TO DELIVERY  MONTH DA  FINJURY  FINJURY  FI, FACTORY, OFFICE, FA	OPERATION  APPLICATION  APPLICATION  APPLICATION  OPERATION  OPERA	N WAS PERFORMED  216 HOW INJURY OCCUR	200 AUTOPS YES   N RED (ENTER NATUR	IN C	IF YES, WE CERTIFY INC. YES MAN 18 PART 10	COUNTY	IGS USED OF DEATH? NO  STATE  that (1)(we) lo cause stated

DHMH-16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

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SCARPELLI FUNERAL HOME CUMBERLAND, MD.

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DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

SERVEYER OR. 1981/2:054 SMINISP GENERAL SOLVERS YTTOTO Y MADELIA Property 125 125. The Chart, Legiton, William CALVIN M. HADIDIAN, M.D. MEMORIAL TERS. COMBERGAND, MD. 21509 Charles of the Committee of the Committe 108 VA. AVENHE SCARPELLI FUNERAL FOME CUMPERLAND, ML. Expending Johnson September 12, 1841

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Alternation Mande Mande

August Lumeral None, from the 2192 Managed Park Proposition.

5/	1	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 3 8 6  CERTIFICATE OF DEATH  REG. NO.								
8	I. DE	CEASED NAME FIRST	MIDDLE	LAST	2n DATE OF DEATH	MONTH DAY YEAR	R 2b HOUR				
	(TYP)	LAUR 1	7 B.	KANE	9-1	7-81	2450				
	3. SE	×	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BE		YEAR IF UNDER 24 HRS				
15		TEMALE	(AUCASIAN	10 - 28 - 189		YRS.					
15 July 15		RTHPLACE (STATE OR FOREIGN OF THE NO.	TO CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED	L. MII	COUNTY OF DEATH	м				
to pe not	-	ROSTBURG	(IF NOT IN SUCH FACILITY, GIVE STRI	SING HOME OR OTHER INSTITUTION BET ADDRESS) ILL. NSG. HOME	126. USUAL OCCUPAT	NUTSE 124 KIN	D OF BUSINESS OR				
35	USU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION	S? 13. STREET ADDRESS		nue_				
dicarexar	14 F	ATHER'S NAME FIRST  EVI	MEDILE MUND	15. MOTHER'S MAIDER	nnah	BI	hoades				
the me		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN] (IF YES, GIVE	MED FORCES? 166 SOCIAL SE WAR OR DATES) 164-3	CURITY NO. 17 INFORMANT	. ADDR	berland.					
s any injury, or other tra	ATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT C		o deuto Care	Chroma Jana Chroma Chrin TERMINAL DISEASE OR COM	Syndrone  Stroken IN PART  1206. IF YES, WERE FIN					
9	CERTIFICATION			THE RESERVE	YES NO	IN CERTIFYING CAU	ISES OF DEATH?				
r Item 18		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	CCURRED (ENTER NATURE OF INJU	IRY IN ITEM 18, PART 1 OR PART	2				
DEL VEREN	MEDICAL	214. INJURY OCCURRED	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.) 211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE				
m 21 is r			of affected the deceased from 9 - 9 19		nian death occurred an the c		the causes stated				
NT: If It		27 SIGNATURE	nath		NG MEDICAL STA	AFF	ATE SIGNED				
IMPORTANT		DR. SHIN EL	UNC KIM	90 MAZI	V ST. WESTE	RNART, M.	0 21568				
<u> </u>	23e	BURIAL, CREMATION, REMOVAL	79	NAME OF CEMETERY OR CREMATO		COUNTY	STATE				
_	B	urial	Sept.20,81 I	Davis Memorial	Cem.Cumber	land, Allec	gany Md.				
25M	24. F	William SIR	ADDRESS Cumber la		CFP 22 1981		an faither				

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3	3	FOR FOR STATE REGISTRAR			м		LENT OF H	ALTH	ARYLAND AND MENTA ERTIFICATE			2 REG. NO.	2	8 9			
			CEASED NAME	FIRST	IRST MIDDLE LAST 20. DATE KNOWN MONTH DAY YEAR 25, HOUR												
	Manar	(14)	(TYPE OR PRINT)									ATED A	9 6	1981	10 Pm		
	2010E	3. SE	4. RA		5. DATE OF BIRT	H (	LAST BIRTHOAY			DER 24 HRS.	2c. DATE		ONTH D	DAY YEAR	24 HOUR		
	26 B 6 8 1	Ma	le Wh	ite	May 11,	1927	54 YRS.	MONTHS	DAYS	S MIN.	PRONOUNCE DEAD	3	9 6	1981	10 <sub>PM</sub>		
	935	7a. B	RTHPLACE (STATE OF	3	75. CITIZEN OF WHAT COUNTRY? 8. MARRIED XXX NEVER MARRIED 9. BALTIMORE CITY						ECITY OR	COUNTY	F DEATH	<b>V</b> 4.1-1			
	DAN SE	Ma	ryland		USA widowed D divorced Allegany												
	A PERSONAL PROPERTY OF THE PERSON NAMED IN COLUMN TO PERSON NAMED IN C	Cu	mberland	II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (DOA) Memorial Hospital  120. USUAL OCCUPATION ( FORMOST OF MAKENETICS)  POLICERES OUT						ON (TYPE OF TELL DUCCES	12b KIND OF BUSINESS OR INDUSTRY PARKS						
21201	F ANY DE 2, AND 3 TC 3, RETAIN SHOULDE LIVECORDS	III. S MD	UAL RESIDENCE   IF IN NURSING HOME OF STATE 13b COUN Alle		or other institution. TY gany	13c.CITY_C	Cumber Land		13d. INSIDE CITY LIMITS? 13g		523 Wellington La			ane			
WD	* N3///	14. F	ATHER'S NAME		MIDDLE		AST	Ī	S. MOTHER'S MA					LAST			
986		Et		Jaw. Sr					Marie .	A. Par	esch			474.01			
IWO	SE SE SE SE	16a. \	VAS DECEASED EVE ES, NO, OR UNKNOWN)	R IN U.S. ARA	MED FORCES? WAR OR DATES)	16b. SOCI	AL SECURITY N	10.	7. INFORMANT		A	DDRESS					
BAL	DURS AFTER 18. GIVE PA WITH FOR MIT. PAGES E. DIVISION	Y		WWI	I		22 5514	1	Margare	t H. I	aw Cur	berla	nd, M	D Wif	·e		
W. PRESTON ST.	ED WITHIN 24 HOUF A PENCIL IN ITEM IS CAMINER ALONG W AL-TRANSIT PERMIT MENTAL HYGIENE A, OR REMOVAL		PART I DEATH  Conditions, if gove rise to couse (a) stotic lying couse las	IMMEDIAT ony, which immediate ong the under-	D BY:  TE CAUSE (o)  DUE TO, (	my	equence of	lia	Soler.	faitie !	Kearl	· Din	are	Sudi	Men Death		
DIVISION OF VITAL RECORDS, 201 N S CERTIFICATE SHOULD BE EXECUTED RITING THE WORD "PENDING" IN PR ROED TO THE CHIEF MEDICAL EXAM E. 3 SHOULD BE USED AS A BURIAL FOR SHOULD BE USED AS A B	BE EXECUT ENDING" IN MEDICAL E) AS A BURIA ALTH AND CREMATION	NOI	PART 2 OTHER SIGNIFICA							N PART I (q).							
¥ ×	SHOULD ORD "PE CHIEF N E USED A URIAL, C	CERTIFICATION	198. DATE OF OPER	RATION	196. CON	DITION FOR W	HICH OPERAT	ION WAS	S PERFORMED?				2	0 AUTOPSY?	1		
IIV	SECTION OF THE CHARLES OF THE CHARLE	E	21a EXTERNAL CA	ICE VA/AC	215 71445	OF INJURY								YES 🗌	NOT		
NO NO	CERTIFICATE ITING THE W DED TO THE 3 SHOULD E DEPARTMEN 1 PRIOR TO	MEDICAL CE	UNDERLYING CONTRIBUTING	OR CAUSE OF D	DEATH P	.M. MONTH I .M.	19		W INJURY OCCU	IRRED (ENTER	NATURE OF INJURY	IN ITEM 18 PART	1 OR PART 2)		,		
DIVISI	THIS CER WARDED PAGE 3 S TATE DEP 21201 PR	MED	21d. INJURY OCCU WHILE DO AT WORK AT	RRED T WHILE WORK		E OF INJURY ACTORY, FARM, ETC	(AT HOME,	211. LOCA STRI			CITY OR TOWN		COUNTY		STATE		
•	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE. WRITING THE WORD."PENDING". IN PENCIL IN TIEM IS PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W ATO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE D BAUTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL	2	deoth resulted fro	n Noture	e of the remoins do of couses of the couses of the couses of the couses of the couse of the cous	Accident [	e, held on Suicio	<b>.</b> M.D		Under	Inquiry termined manner  PICAL EXAMINE  and, Ma	er ,	DATE SIGNED_	9-7-81 .502			
	PAGE AFTE	73a B	(TYPE OR PRINT)	PEMOVALI 2	3h DATE	122, NI	AME OF CEME		CREMATORY	1934 17	CATION						
			URIAL, CREMATION PECIFY) Burial		ept. 9.10				rial.Ga	CITY	Cumber]	and A	COUNTY		ATE		
	BP		UNERAL DIRECTOR						25 DA	TE REC'D. B	Y REGISTRAR	b. REGISTA	AR'S SION	ATURE			
	DHMH - 17 (VR A15 ME (5))		NAME James	F. Sca	arpelli,	Cumbow	hM brel		SE	7141	981	lance &	Jan/	as the			
	15M 2/80			- 30	V when when	Se Limbert	- Carrier III		1		4		4				

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## STATE OF MARYLAND FOR - STATE REGISTRAR CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- 1	_							REG.	40.				
1		EASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MON1H [	DAY YEAR	2b HO	UR	
1			Pau	il F	. Lech	liter		Sept. 2	81	4:50	) P		
	3. SEX			4 RACE			OF BIRTH	6 AGE (IN YEARS LAST BE		IF UNDER 1 YEA		ER 24 HRS	
1		Male		Whit	e	Mad	rch 12, 1905	76	YRS.	MONTHS DAY	S HOURS	MIM	
1		THPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	ED A NEVER MARRIED	- 9 BALTIMORE CITY OR COUNTY					
2		Maryland		US	A	WIDOW			Allega	ny		MD	
9	C	umberland		212 W	est Oldt	own Ro		12a USUAL OCCUPA (TYPE OF WORK FOR MOST Retired		12b. KIND INDUSTR' Tire		IESS OR	
2	JUSUAI 13a ST	L RESIDENCE (IF NURS	ING HOME OF	OTHER INSTITUTION	I GIVE RESIDENCE BEFO	RE ADMISSION	A 124 IN ICIDE CITY III ITCO	L			100 2 2 100		
1		faryland		gany	Cumber		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 212 West		wn Roa	ıd		
J	14 FAT	THER'S NAME		MIDDLE			15. MOTHER'S MAIDEN NA	ME					
		FIR31		am Lech	liter		FIRST	rene Paint	er	Ĺ	.AST		
1		AS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADD	RESS				
		no	(2,10,0)		214-07-	3206	Mrs. Mary C	atherine L	echlit	er. Wi	fe		
1		18 CAUSE OF DEAT	H (Enter on	ly one cause pe	r line far (a , jb), a	nd ic/	100				XIMATE INTE	RVAL D DEATH	
J		PART I. DEATH W		D BY:	Cardio	-Kec	highlan lai	lue					
1		11.00			R AS A CONSEQU	IENGE OF	()						
1		Conditions, if any		(b)	K AS A CONSEGUE	Bun	chagenic c	arcinom	_				
ı		gove rise to imp		DUETO	R AS A CONSEQU	IENICE OF							
		underlying couse	lost.	( 10,0	N AS A CONSEQU	DENCE OF							
1	_ [	PART 2 OTHER SIGN	VISICANT 9	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	UDITION GIVE	EN IN PART	(0)		
1	Ö		ack	Print 10	charie 1	Harton	F						
7	CERTIFICATION	9a DATE OF OPERA	TION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FIND			
	III.							YES TI NOT	YES	YING CAUSE S 🗍	NO I		
7		21a. ACCIDENT WAS UND	_	216. TIME C			21c. HOW INJURY OCCURE	RED (ENTER NATURE OF IN)	URY IN ITEM 18, PA	ART I OR PART 2)			
	AL	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC			M. MONTH D	AY TEAR							
1	MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY		211. LOCATION						
1		WHILE O NOT WE	HILE	(AT HOME, ST	REET, FACTORY, OFFICE,	FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	S	STATE	
1		22a.l certify that (1)	(this hospi	tal) ottended th	e deceased from.		, 19	, ta	, 1	19	, that (1) {	(we) lost	
1		saw the decease	ed alive on	t view the body	after death.	, 01	nd that in (my) (aur) apinion o	deoth occurred an the o	dote and hour	and from th	e couses st	toted	
1		776 SIGNATURE	24			2001	DEGREE	Blatt. No.		22c. DAT	E SIGNED	1	
		Mu	144	-			ATTENDING. PHYSICIAN	MEDICAL STA	CIAN [	9	128	181	
	1	22d. PHYSIC	AME ITHE O	e person	1		22e ADDRESS			- //	1		
			11.4.1	Kanjilh	an 111	_	1000						
T	23a. BU	IRIAL, CREMATION,	REMOVAL	236 DATE	23c.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		01110			

DHMH - 16 60M 7/73 (VR A 15 (4))

MPORTANT: If Item 21

24. FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md.

Burial

St. Marys Cemetery

Control of the contro And the stage of t a second the second second second

anding physicion and completely filled in by the carbonpapers. Pages 1 and 2 should be filed v

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.			
		CEASED NAME	FIRS?	MIDDL	LE	l	AST	2s DATE	OF DEATH M	ONTH DI	AY YEAR	2b HOUR
4	(TYPE	OR PRINT)	JAMES	HEI	NRY	L	EE	SEP	TEMBER	20.	1981	5:40AM
40.00	3. SE	Male		race Wh.	ite	5. DATE C	F BIRTH 3 - 190	2 6. AGE 1	N YEARS LAST BIRTH		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
5		RTHPLACE (STAT	Md	TE. CITIZEN OF WHA	.A.	WIDOWE	D NEVER MARRIED	ΔΙΙ	AORE CITY OR	COUNTY		MD.
2	a I	TY OR TOWN OF Cumberl	and	SACRET	HEAR	T HO	SPITAL	(TYPE OF W	COCCUPATION CORK FOR MOST OF CORK FOR MOST OF CORK	WORKING LIFE		OF BUSINESS OR
L	13a. S	Md	13b. COUN	gany	RESIDENCE BEFORE CITY OR TOWN	Ν	13d. INSIDE CITY LIMITS? YES NOX	5	seldon	n See	n Roa	ad
0	14 F.A	Willia	am ^	NIDDLE	Lee		IS MOTHER'S MAIDEN N Wilhelm		MIDDLE		Shuha	irt
		VAS DECEASED E VES, NO OR UNKNOWN		AED FORCES? 16b WAR OR DATES)	SOCIAL SECU	RITY NO.	Virginia	Smith	ADDRES L L(		ning,	d.
	No	Conditions, if gove rise to couse (o), sunderlying c	ony, which immediate toting the ouse lost.	DUE TO, OR AS  (b)  DUE TO, OR AS  (c)  ONDITIONS CONTE	A CONSEQUE	NCE OF	bstructive 1  NOT RELATED TO THE TER	MIN AL DISEA	ase or condi		Ye	er.
2	CERTIFICATION	19a DATE OF OP					N WAS PERFORMED		TOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED S OF DEATH?
1	MEDICAL CER	(IF EITHER, NOTIFY	CAUSE OF DEAT	21b. TIME OF IN. HOUR A.M. P.M. 21e PLACE OF IN (AT HOME STREET, F	MONTH DA	19	211 LOCATION STREET	RRED (ENTER		IN ITEM 18 PAR	<u></u>	STATE
		22a. I certify tho	d olive on	New the body often	r deoth.		d that in (our) opinion DEGREE ATTENDING PHYSICIAN 276 ADDRESS		rred on the dote	e and hour	22c. DATE	
				VLIN, M			55 JACKSON			CONIN	NG, ME	215
	23a. B	GURIAL, CREMATIK SPECIFY) Buri	al	9/23/	81 23c. N		iew Cemete		CATION		CAUNTY	Ma¹⁵

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

24 FUNERAL DIRECTOR MAIN STREET EICHÖRN FUNERAL HOME LONACONING, MD.

JAMES AN HENRY - LEE \_ SEPTEMBER 20, 1991 5:508 VILLICANY COUNTY SHEEL SACRED MEART POSPITAL Metines Telegraphic in a second in a second in the s Stern Mail Stern Control (1987) - all series Sterner Col. 1 . http://www.commons.com/ and the season of the second of the second second second second The second secon THO AS J. DEVILLY M.D. 55 JACKSON ST., LONACONING, NO. 2350 Lucial wasane species wit. To 16/23/d to etail unit ETCHORN PUMERAL HOME LONACONING, ND.

ADDRESS

SERVICE, PA. WESTERNPORT, MD.

FOR

- STATE

DHMH-16 25M

(VRA 15, 4) 1/79

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7h HOUR 013 26-8 IF UNDER 1 YEAR IF UNDER 24 HRS HOURS **BALTIMORE CITY OR COUNTY OF DEATH** 12h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CREUTZBERG 400 PIEDMONT AVE. CHARLE GRIEFITE APPROXIMATE INTERVAL one most 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 221 DATE SIGNED

STATE

COUNTY

Lagrage Carte Land Control of the Carte Ca escale 18th marria

inding physicion and completely filled in by the corbon popers. Pages 1 and 2 should be filled wi

moy be

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	2	3	
200			

REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.					
1. DECEASED NAM	HARRY	V	ERLO	L	DNG	SEPTEMBER		1981	25 HOUR 7:25P			
3. SEX Male	4.	4. RACE 5. DATE (				6. AGE (IN YEARS LAST BIR	THDÂY)	IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.			
7a. BIRTHPLACE COUNTRY) West Vi	rginia	USA	WHAT COUNTRY?	8 MARRIE WIDOWI	DE NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH Allegany						
CUMBER		(IF NOT IN SU	HOSPITAL, NURSIN CH FACILITY, GIVE STREET EMORIAL	ADDRESS)	PITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Brakeman  12b. KIND OF BUSINESS INDUSTRY Railroad						
Marylar		Υ	GIVE RESIDENCE BEFORE 130. CITY OR TOW Cumberla	N	13d. INSIDE CITY LIMITS?	321 Pennsylvania Ave.						
14. FATHER'S NAM FIRST		DDLE	LAST		011edo	Jane Lamber	t	LAS	16			
160 WAS DECEAS (YES, NO OR UNK!	ED EVER IN U.S. ARMI	VAR OR DATES)	219-03-9		Mrs. Loretta	ADDRE	ESS	and . Md	Wife			
NO NO	HER SIGNIFICANT CO			116	NOT RELATED TO THE TERM	AINAL DISTANT OR CON		N IN PART 10				
19a DATE OF	T WAS UNDERLYING	21b. TIME C	OF INJURY		21c. HOW INJURY OCCUR	YES NO	IN CERTIFY YES	ING CAUSES				
OR CONTRIBU	TING CAUSE OF DEATH DTIFY MEDICAL EXAMINER) OCCURRED  NOT WHILE AT WORK	P. 21e PLACE	.M. MONTH DA .M. OF INJURY	19	21f. LOCATION STREET	CITY OR TO		COUNTY	STATE			
	that (I) (this hospito deceosed alive on			, 01	, 19 nd that in (my) (aur) opinion DEGREE	death accurred on the de			that (I) (we) las couses stated			
224 PHYSIC DR.	JAMES M.	RAVE	R	9	22e ADDRESS MEMO	DIRECTOR PHYSIC RIAL MEDIO	CAL B		17/B/			
230 BURIAL, CREA (SPECIFY) Burial		236. DATE 9-17-1			emetery or crematory on Mem. Gardens	23d LOCATION		COUNTY	STATE			

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

etoined by the haspital

that de detached for use as the burial-transit permit. Then please remaye corbonics and the State Drint of Health and Mental Hygrene prior to burial, cremotion, ar rem

24 FUNERAL DIRECTOR James F. Scarpelli, Cumberland.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
SEP 2 1 1981 August

HARRY VERLA TENERS IS, 1951 7:25P Abbet Manager Company of the Company CUITERLAND DEPOSIAL HOSPITAL DESIGNATIONS Love introduction for the first of the first of the second to be a second to the secon Harden I seek oleffy. of the confidence of the confidence of the confidence of PAYES CARLESE DIVERSED AND LIFE - SKI 1953 SKY KERNISH 5 2 12 Warre MEHODIAL MEDICAL BUILDING DE. JAMES M. PAVER - 10 COUPEESLAMD, NO 21502 And the state of t the the committee of the contract of the contr

The State   The County   The				FOR			DEPART	STAT MENT OF		ARYLAN		YGIENE	1	2	2	3 9	4
DECEASED NAME		-Gr				MI							H	REG NO			
HOME BAYARD MARTZ  DEATH MATE Sept 21,981   14 AGE INVERSITY IN UNDER 74 HRS. 12 AGE IN UNDER 74 AGE IN UNDER 74 AGE IN UNDER	3	/			FIRST		WIGDLE			LAST	15.5	20	DATE KNO	WN DE A	AONTH D	AY YEAR	26 HOUR
A DECISE SEPT 21 STATE OF THE S	18	SS H.	{ TYP	Home	er	Ва	yard		MART	Z		- 1	OF ES	TED S	Sept :	21,,81	12:0
W Ct. 1, 1900 80 YRS.    The company of the company	(W)	T O T	3. SEX	C 4. F	RACE							24 HRS. 20	DATE	,,,,	-		24 HOUR
IN CALLY OF DEATH  IN CAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  IN CHIT OF INOWN OF BEATH  IN CAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  IN CHIT OF TOWN OF DEATH  IN CAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  IN CHIT OF SUSTRIAL FOR A SCALES FOR A MASSISHING  IN CHIT OF TOWN OF DEATH  IN CHIT OF TOWN OF DEATH  IN CAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  IN CHIT OF HOME OF HOSPITAL FOR A MASSISHING  IN CHIT OF HOME OF HOSPITAL FOR A MASSISHING  IN CHIT OF HOME OF HOSPITAL FOR A MASSISHING  IN CHIT OF HOME OF HOSPITAL FOR A MASSISHING  IN CHIT OF HOME OF HOSPITAL FOR A MASSISHING  IN CHIT OF HOME OF HOSPITAL FOR A MASSISHING  IN CHIT OF HOME OF HOSPITAL FOR A MASSISHING  IN CHIT OF HOME OF HOSPITAL FOR A MASSISHING  IN CHIT OF HOME OF HOSPITAL FOR A MASSISHING  IN CHIT OF HOME OF HOSPITAL FOR A MASSISHING  IN CHIT OF HOME OF HOSPITAL FOR A MASSISHING  IN CHIT OF HOME OF HOSPITAL FOR A MASSISHING  IN CHIT OF HOME OF HOSPITAL FOR A MASSISHING  IN CHIT OF HOME OF HOSPITAL FOR A MASSISHING  IN CHIT OF HOME OF HOSPITAL FOR A MASSISHING HOME OF HOSPITAL FOR A MASSISHING  IN CHIT OF HOME OF HOSPITAL FOR A MASSISHING HOME OF HOSPITAL FOR A MASSISHING  IN CHIT OF HOME OF HOSPITAL FOR A MASSISHING HOME OF HOSP	110	0N S				ct. 1,	1900	80 YR		HS DAYS	HOURS		DEAD	осре		19	12:01 P M
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136 STATE   136 COUNTY   136 CITY ON TOWN   136 UNITS CITY ON TOWN	¥.	DA HISO										Reti	red		R.	R. Eng	
Trank Martz    15. MOTHER'S MAIDEN NAME   MIDDLE   MAST   MA	[ ] \rac{1}{2}	ORIGINAL PAR							ON)	13d. INSIDE CI	ITY LIMITS?						
186. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN)  186. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN)  186. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN)  186. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN)  186. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN)  186. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN)  186. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN)  186. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN)  186. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN)  186. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN)  186. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN)  186. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN)  186. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN)  186. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN)  186. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN)  186. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN)  186. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN)  186. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN)  186. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN)  186. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN)  186. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN)  186. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN)  186. WAS DECEASED EVER IN U.S. ARMED FOR IN UNKNOWN (S.)  186. CAUSE OF DEATH (Enter only one couse per line for (o.), (b.), ond (c.).)  ATTENDATION OF THE TEMPORAL CAUSE OF DEATH ONE COUNTY IN UNKNOWN (S.)  186. CAUSE OF DEATH (Enter only one couse per line for (o.), (b.), ond (c.).  ATTENDATION OF THE TEMPORAL CAUSE OF DEATH ONE COUNTY IN UNKNOWN (S.)  186. CAUSE OF DEATH (Enter only one couse per line for (o.), (b.), ond (c.).  ATTENDATION OF THE TEMPORAL CAUSE OF DEATH ONE COUNTY IN UNKNOWN (S.)  186. CAUSE OF DEATH (Enter only one couse pe	212. F AP	A R S W	Mar	vland	Alle	gany	E11	erslie		YES 🗌	NO 💽	Bo	x 133		25		
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18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Arterioscleratic Heart Disease  IMMEDIATE CAUSE (b)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a) stoting the underlying cause last.  (c)  PART 2 OTHER SIGNIFICANT (ONOTHIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR (ONOTHION GIVEN IN PART 1 in).  Hodgkin's Disease  196. DATE OF OPERATION  198. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS UNDERLYING OR AS A CONSEQUENCE OF  196. DATE OF OPERATION  197. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS UNDERLYING OR AS A CONSEQUENCE OF HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 199  211. LIVE OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 199  211. LIVE OF INJURY (AT HOME, 2) III. LOCATION  STREET KACTORY, FARM, ETC.)  STREET CITY OR TOWN COUNTY STREET  CITY OR TOWN	RE,	A P P		373	ank Ma	rtz				El	izabet	th ?					
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Arterioscleratic Heart Disease  IMMEDIATE CAUSE (b)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a) stoting the underlying cause last.  (c)  PART 2 OTHER SIGNIFICANT (ONOTHIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR (ONOTHION GIVEN IN PART 1 in).  Hodgkin's Disease  196. DATE OF OPERATION  198. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS UNDERLYING OR AS A CONSEQUENCE OF  196. DATE OF OPERATION  197. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS UNDERLYING OR AS A CONSEQUENCE OF HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 199  211. LIVE OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 199  211. LIVE OF INJURY (AT HOME, 2) III. LOCATION  STREET KACTORY, FARM, ETC.)  STREET CITY OR TOWN COUNTY STREET  CITY OR TOWN	IMO	DN J	160. V	VAS DECEASED E	VER IN U.S. AF	RMED FORCES?	16b SO	CIAL SECURITY	NO.	17. INFORM	TUAN		A	DDRESS			
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Arterioscleratic Heart Disease  IMMEDIATE CAUSE (b)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a) stoting the underlying cause last.  (c)  PART 2 OTHER SIGNIFICANT (ONOTHIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR (ONOTHION GIVEN IN PART 1 in).  Hodgkin's Disease  196. DATE OF OPERATION  198. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS UNDERLYING OR AS A CONSEQUENCE OF  196. DATE OF OPERATION  197. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS UNDERLYING OR AS A CONSEQUENCE OF HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 199  211. LIVE OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 199  211. LIVE OF INJURY (AT HOME, 2) III. LOCATION  STREET KACTORY, FARM, ETC.)  STREET CITY OR TOWN COUNTY STREET  CITY OR TOWN	ALT	A A G B			, (" 120, 0"	· Will Office,	214	07 303	33	Nell:	ie Mar	ctz.	as abo	ve			
Arteriosclerotic Heart Disease    Conditions, if any, which gave rise to immediate cause (a) to the terminal disease or condition given in part 1 (a).    Conditions		8× F.Q		18. CAUSE OF D	EATH (Enter a	nly one couse per lir										APPROXIMAT	E INTERVAL
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EXAMINER'S NAME Giovanni Mastrangelo, M.D. ADDRESS Sacred Heart Hosp. Cumberland, Md.	*	引品 <b>医</b> 無事	-	(TYPE OR PRINT)	GIOV	annı Mast	range	10,M.D.		ADDRESS_	Sacre			p. Cur	nberi	and, M	id.
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AFTER DEATH, WITH THE ST BATTIMORE, MARYLAND, 21:		EXAMINER'S NAME Nich	nolas Gis		ta, M.D.	ADDRESS	erland,	Md.		
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SCARPELLI FUNERAL HOME 108 VA. AVE.

FOR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ASE JRS.		Ring	nie Ann	McVicke	r				DEATH	MATED [	9-17-	-8119	2030
SE SE SE	3. SE	4. RAC	CE    5.	DATE OF BIRTH	6. AGE (IN			NDER 24 HRS.	2c. DATE	CED	MONTH	DAY YEA	AR 2d. HOUR
N 20 DEX				10-12-3		YRS.	0.00	MIN.	DEAD	9-	17-81	19	2036
SE S	Jan B FC	RTHPLACE (STATE OR PREIGN COUNTRY)	7b.	CITIZEN OF WI	HAT COUNTRY?	8. MARR	IED NEVER M	AARRIED 🗌	9. BALTIMO	DRE CITY C	OR COUNTY	Y OF DEATH	7.48
IS NECESSARY, PLEASE FLUNERAL DIRECTOR. E 5 FOR YOUR FILES. D. WITHIN 72 HOURS I W PRESTON STREET,	10.6	Penna		U	.S.A.			ORCED		11000	1737		MD.
MD. 21201  4. IF ANY DELAY IS NE  7. AND 3 TO THE FUL  7. S. RETAIN PAGE 5.  2. SHOULD BE FILED.  7. ALL RECORDS, 201 W.	1D. C	ITY OR TOWN OF DEA	ATH III.	IF NOT IN SUCH FA	PITAL, NURSING HOA	ME, OR OTH	HER INSTITUTION	12a USU FOR	JAL OCCUP MOST OF WORK	CING LIFE)	WORK !	2b. KIND OF OR INDU	STRY
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S COULD 3	13a. S	TATE	COUNTY		13c. CITY OR TOWN	l	13d. INSIDE CITY LIM		EET ADDRES				
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W. H.	14 17	ATHER'S NAME		IDDLE	LAST		15. MOTHER'S M		MI	DDLE		LAST	
SOLAND SAND	16- \	Stanle VAS DECEASED EVER		FORCECO	Gordo		Cat.	herine	9	ADDRESS		reeler	r
SES FOR SES	100. Y	ES, NO, OR UNKNOWN)	(IF YES, GIVE WAR	OR GATES)								dson	St.
F., BALTIMORE, MD.  URS AFTER DEATH. IF  8. GIVE PAGES 1, 2, WITH FORM PM 3. II. PAGES I AND 2 SI II. PAGES I AND 2 SI II. DIVISION OF VITAL		No			200-32-	6490	Samuel	MCV1	cker,	Bed	ford,	APPROXIM	
HOURS M 18. G WIT. P RMIT. P I'NE, DIN.		PART I DEATH W	VAS CALISED BY	1.	far (a), (b), ond (c).)						•	BETWEEN ON	NSET AND DEATH
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NER: THIS CER CATE, WRITIN FORWARDED TOR: PAGE 3 SI THE STATE DEP AND, 21201 PR		270 1 45 . 45 . 4	Land, shares a	(aha assasina daa	cribed abave, held on	Autas		ection X,		k or	nd in my opii		
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THE SECTION		EXAMINER'S NAME (TYPE OR PRINT)	Paul	Snow, M	.D.		ADDRESS Me	morial	Hospi	tal			
TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE. WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BAITIMORE, MARYLAND, 21201 P	23a.B	URIAL, CREMATION,			23c. NAME OF C	EMETERY	OR CREMATORY	23d. LC	CATION		COUNT	TV	STATE
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DHMH - 17	. 24. F	NAME CONTROLLE	. 1/	ACCRESS			\$ 6	ATEREC'D. BY	REGISTRA	255. REG	ISTRAR'S SI	NATURE	
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FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

*

REGISTRA	R			CERTIF	ICATE OF DEATH		REG. NO.			
1. DECEASED NA	ME FIRST		MIDDLE		AST	20 DATE C	OF DEATH MONTH	DAY	YEAR	26 HOUR
The Oarkier	EDNA	CI	AIRE	M	FAGHER	SEPT	TEMBER 4	. 1	981	11:404
3 SEX		4 RACE		5. DATE C	OF BIRTH		YEARS LAST BIRTHDAY)	IF U	NDER I YEAR	IF UNDER 24 HRS
FEMAL	E.	WHITE		AUG	13, 1915	66		RS MON	THS DAYS	HOURS MIN.
To. BIRTHPLACE	( STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9. BALTIM	ORE CITY OR COL	-	DEATH	
MARYLA	ND	U.S.A		WIDOWE		1	ALLEGANY	00	HNTY	MD
10 CITY OR TOW	N OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUA	L OCCUPATION			OF BUSINESS OR
CUMBERL	AND		ACRED H		HOSPITAL		FICE WO			RAL GOV
130 STATE MARYLA	113h_CQ1		13C CITY OR TOW FROSTBU	'N	13d. INSIDE CITY LIMITS?	13e STREE	TADDRESS BROAD'VA	Y.		
14 FATHER'S NA/		MIDDLE	LAST		15. MOTHER'S MAIDEN NA		9			
	ARD	MIDDLE	CONROY		LETITI	A	WIDDLE		DA	NDO
	SED EVER IN U.S. A		166 SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRESS [4]	ROST	BURG	MD.
(YES, NO OF HIM	(IF YES, C	A POR DATES)	214-07	-5670	MR. CLIVE	R MEAC	GHER, 61	BROA	DWAY	,
18 CAUSE PART I.	DEATH WAS CAUS	SED OV.	Be la tere	//	precemoni	tis:	-		APPROX BETWEEN	KIMATE INTERVAL ONSET AND DEATH
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couse (	ta immediate of, stating the g couse last	DUE TO, O	R AS CONSEQUE		ro-naso +	Rep	ophary	NA		
	THER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	MINAL DISEA	ASE OR CONDITION	GIVEN	IN PART 1	0
190. DATE C	OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20¢ AUT			IG CAUSES	NGS USED S OF DEATH?
On coursein	NT WAS UNDERLYING UTING CAUSE OF D NOTIFY MEDICAL EXAMIN	ALAINI I	M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTERN	nature of injury in ite.	M 18 PART	OR PART 2)	
(IF EITHER I	Y OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE
sow th	y that (I) (this has ne deceased alive a (I) (we) (did) (du) r	on	+ 3 19 8	9/	nd that in (my) (our) apinion	death occur	red on the date and	19. I hour an	/	that (I) (we) lost couses stated
27h 51GAM	) //	noci	e m	7	DEGREE ATTENDING PHYSICIAN	MEDICAI DIRECTO	L STAFF	]	22c. DATE	SIGNED
FARA BOARS of	CARLES AND PROPERTY.	The state of the s			Inc. LDDDECC					

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: should be detoched for us with the Stote Dept. of He IMPORTANT: If Hem 21 is

VELANDIA 230. BURIAL, CREMATION, REMOVAL 23b. DATE 9/7/81

FROSTBURG MEM.

PARK

HOME; 60 W. MAIN STREET

BOWA CLAIRE MEAGNER - SEPTEMBER 4 , 1981 11:404 YTHEO Y COLUMN SECRETURES SACRED WEART HOSPITAL LINES STATE OF SACRED SECRETARIES The second of the second 2 miles 21/2 1/2 20 27 27 27/24 AND OF THE PROPERTY OF THE PARTY OF THE PART PATE AND THE CONTROL NO. NEWS CONTROL OF THE COURSE, NO. SOMES FUNELY MOMES OF A PAIN STREET SE THE SAME SAME

		FOR - STATE REGISTRAR			经生产	CERTIF	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	YGIENE 8	REG. NO.	2	2 3	9	9	
		CEASED NAME	FIRST		VIODE		AST	20. DATE OF D				2b HO	00 P	
			LDA		STINA		LER		SEPTEMBER 28, 19					
1	3. SE	x Female		4. RACE Whit	ce	5 DATE O		6 AGE LINYEA	RS LAST BIRTHE	ONTHS DAYS		MIN.		
5	M	RTHPLACE (STATE OR COUNTRY)  aryland	1	76. CITIZEN OF V	WHAT COUNTRY	2 8	D NEVER MARRIED	177						
0	C	UMBERLAN	D	MEMOI IN SUC	OSPITAL, NURS	T ADDRESS)	OR OTHER INSTITUTION	120 USUAL OC (TYPE OF WORK F Waitr	OR MOST OF W		INDUSTR'	OF BUSIN		
4	130. 5	al residence (# NUR STATE Maryland	136 COUN		13c. CITY OR TOV	WN	13d INSIDE CITY LIMITS?	13e. STREET AD	odress 6 Mar	yland	-	ailro	ad	
1	14. FA	ATHER'S NAME		bert T.	Rice S:	r.	15 MOTHER'S MAIDEN N	Rosemar				AST		
1		VAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES?	218-16		Charles L.	Miller,	Cumb		nd, Md	.Son		
The state of the s		PART 1. DE ATH M  1519  Canditians, if any gove rise to im cause al. statiunderlying cause	, which mediate ag the lost.	DUE TO, OF	R AS A CONSEOU	JENCE OF	c (auno	m g	ston	usch	3,	mo	n The	
	NOIL					27	NOT RELATED TO THE TER	RMINAL DISEASE (	or condi	ION GIVE	N IN PART 1	ta .		
2	CERTIFICATION	190 DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOP			WERE FIND ING CAUSE		ATH?	
7	EDICAL CE	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MEDI	CAUSE OF DEAT	21b. TIME OF HOUR A./	M. MONTH	PAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATU	RE OF INJURY I	N ITEM 18 PAI	RT I OR PART 2)			
	MEDI	216. INJURY OCCURRED  WHILE NOT WHILE AT WORK  216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  216. LOCATION STREET  CITY OR TOWN									COUNTY		STATE	
		22a.1 certify that (1) saw the deceas above, (1) (me) i	ed alive an_		19_	0-1	nd that in (My) ( <del>aur)</del> opinio	n death accurred	4/2 an the dote	ond hour	and fram th	, that (1) e causes s	,	
		SIGNATURE COLOR	ha	dh	Zu	State DATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								
1		DR RI			VIDER		MFMORIAL	HOSPIT	AL MI	EDIC	AL BL	JILD	ING	

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detoched for use as the burial-transit p with the State Dept. of Heolth and Mental Hygien

IMPORTANT: If them 21 is

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

24 FUNERAL DIRECTOR James F. Scarpelli, Cumberland,

Oct.1,1981

23b. DATE

Cumberland, Allegany, Md. State 23c. NAME OF CEMETERY OR CREMATORY Greenmount Cemetery

OCT 2

HILDA CLOISTINA HILLER SEPTEMBER 23, 1981 Brook L. THE SANGE OF A LESSEEL SALES OF A LESSEEL And the form to the first that the second of the first that the second of the first that the second of the second The Parties of the control of the The state of the s Miss of the security of many the training 12 7 7/2 The first of the of the first of the second DR. BICHARO L. SMIDER MENGRIAL HOSPITAL MEDICAL BUILDING meses Cot. T. 1968 - Literacount Company Cumberland, Allegary, to. James S. Schedelts, Gambertond, 18. 1027 2 1041 April 2014

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN, The low requires that the death certificate be executed within 24 hours ofter dec
DIVIS	NG
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etoined by the hospital or attending physician.

BP

DHMH - 16 50M 1/81 (VRA 15, 4)

		FOR STATE REGISTRAR			1.34	CERTII	FE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO		Agend a	
		CEASED NAME OR PRINT)	Lucy		R.		ller	September	10,	1981	8:45
	3. SE)	Female	1	. RACE	ian	5. DATE O	of Birth t. 15, 1894	& AGE (IN YEARS LAST BIR	1HDAY) 86 YRS	IF UNDER TYEA	
80	C	RTHPLACE (STATE (OUNTRY) W. Va.		B CITIZEN OF V		Y? 8 MARRIE WIDOW	ED NEVERMARRIED DIVORCED	9 BALTIMORE CITY O	R COUN	TY OF DEATH	
70	Cu	mberland		Lions M	anor Nu	rsing		12a USUAL OCCUPATION OF THE OF WORK FOR MOST OF HOUSEWILE	F WORKING	UEEL INDUSTRY	OF BUSINESS Home
35	130. S M <b>g</b>	AL RESIDENCE (IF N TATE TYLAND	13b. COUNT	gany	GIVE RESIDENCE BEF 13; CITY OR TO Rawlin	ORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS Durr's Tr	ailer	r Court	
10		THER'S NAME FIRST	M	UDDLE	Rexroad	е	15. MOTHER'S MAIDEN NA FIRST	ME		ı	AST
legico I		VAS DECEASED EV		VAR OR DATES)	230-50		Lions Manor	ADDRE Nursing Home		ımb. MD	21502
TOOLIO To		Londitions, if o	mmediote	DUE TO, OR	R AS A CONSEC	Cerc	enlatory of	où_		3	days
so only injury, or other modifical event,	FICATION	Conditions, if o governise to couse to sto underlying cou	IMMEDIATE  ny, which mmediote oting the use lost  GNIFICANT CO	DUE TO, OR  (b)  DUE TO, OR  (c)  DIVIDITIONS CO	R AS A CONSEO ONTRIBUTING TO	CENCE OF CENCE OF CENCE OF CENCES CO DEATH BUT		dinacular d	DITION G		IIIo
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ixed of hem to shows only injuly, or other modifications are	MEDICAL CERTIFICATION	Conditions, Frogove rise to couse (o), std underlying counderlying counderlying counderlying counderlying counderlying counderlying counderlying counterlying cou	IMMEDIATE  ny, which immediate along the use lost  GNIFICANT CO  RATION  UNDERLYING  CAUSE OF DEAT  EDICAL EXAMINER)	DUE TO, OR  (b)  DUE TO, OR  (c)  DIDITIONS CO  19b. CONDIT	AS A CONSECUTION FOR WHICH	DUENCE OF CATOSCO  CHOSE  CHOPERATIO  DAY YEAR  19	lval anox elevate care i not related to the term on was performed	disvascular of MINAL DISEASE OR CONI	20b. IF Y IN CERT	ES, WERE FIND LIFYING CAUSE YES	DINGS USED SOF DEATH?
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		FOR STATE REGISTRAR		PARTMENT OF I	E OF MARYLAND BEALTH AND MENTAL HY FICATE OF DEATH	GIENE B REG. N	2	2	0 1
1		CEASED NAME FIRST MARIE	EDITH		LAST	20 DATE OF DEATH			26. HOUR
(銀川)	3. SE				ULLANEY	SEPTEMBER		1981	10:12
CHILL	3. SE		4 RACE	MONT		6. AGE (IN YEARS LAST BIR	THDAY) IF	ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
dir.	₹n B	FEMALE RTHPLACE (STATE OR FOREIGN	WHITE  76. CITIZEN OF WHAT COU	AUC	12, 1892		YRS.		
12 25 ZA	7 0. 0	MARYLAND		MARRIE	D NEVER MARRIED			OF DEATH	
within within	10 C	TY OR TOWN OF DEATH	U.S.A.	VURSING HOME	DR OTHER INSTITUTION	ALLEG		176 KIND O	F BUSINESS OF
filed the		JMBERLAND	MEMOR I A	L HOSPI	TAL	HOUSEW I	F WORKING LIFE)	INDUSTRY	HOME
y filled in should be	13a S		OTHER INSTITUTION GIVE RESIDENCE TY 13t. CITY OF THE CONTROL TY OF		THE INSIDE CITY LIMITS?	134 STREET ADDRESS NEW R	naera -		
ompletel ond 2 s		THER'S NAME FIRST WILLTAM	GLORI		DELTA	MICOLE	BYR	NE (A)	in in the second
Pages medical		(IF YES, GIV	MED FORCES? [166, SOCIA	L SECURITY NO.	FRANK MUL	LANEY MT.		GE. M	D. "
n signed by the attendi Then please remove cor to burial, cremation, or injury, or other traumati	NOI	Conditions, it ony, which gove rise to immediate couse [o], stating the underlying cause lost	OUE TO, OR A CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONT	DITION GIVEN	N IN PART 1(0	
re has been sait permit.	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, V IN CERTIFYII YES	WERE FINDIN NG CAUSES	IGS USED OF DEATH?
ial-tronsit intol Hygie iem 18 sho		210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		H DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	T I OR PART 2)	
the bur ond Me	MEDICAL	216 INJURY OCCURRED	21s. PLACE OF INJURY (AT HOME, STREET, FACTORILE	once months !	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
DR: After Use as Health is mark		22a I certify that II This hospit	And Freeward	944	13 81		19 19		hot (I) (we) los
d for d for r. of m 21		saw the decegned alive on, above, (1) (wii) (did no	Tyles the body after death.	1991, or	d that in (my) (our) opinion	death occurred on the do	te and hour o	nd from the c	ouses stated
At DIRE		7 Keller	mi	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	220 BATES	1-81
FUNERAL old be det of the State		22d. PHYSTCIAN'S NAME (TYPE O	R PRINT)		22e. ADDRESS MEMO	RIAL MEDI	CAL BU	JILDIN	VG.
Should be deto with the Stote		DR. TERRY W	ILLIAMS		CUMB	BERLAND, MI	) ;	21502	
F 20 3 ₹	23e. B	URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION		P WOMEN	-
	_	BURIAL	9-22-81	ST. MI	CHAELS CEM				STATE
16 50M 1/B1 (A 15, 4)	Z4 FL	NERAL DIRECTOR  DURST FUNERAL	HOME FROST	BURG. MD.	21 532	E REC'D. BY REGISTRAR	256 REGISTRA	IPS IGNA	Parin-

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		22.02.632	ate, skeethe,	DESCRIPTION OF

- STATE REGISTRAR

Md

KATHERINE

4 RACE

Allegany

7h CITIZEN OF WHAT COUNTRY?

SACRED HEART HOSPITAL

13c. CITY OR TOWN

Shaw

Moscow

DEPART	STATE OF MARYLA MENT OF HEALTH AND N CERTIFICATE OF D	MENTAL HYG	SIENE	8	REG. NO	
STELLA	MYERS				MBER	
hite	5. DATE OF BIRTH	YEAR	6 AG	3	ARS LAST BIRTH	DAY)

2b. HOUR 1981 4:30E IF UNDER 1 YEAR IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ALLEGANY COUNTY, NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORKE GREWEST OF TVORKERS LIFE 13e STREET ADDRES Rt. 1 Barton 13d. INSIDE CITY LIMITS? NO [ 15 MOTHER'S MAIDEN NAME Unknown Elizabeth MIDDLE ADDRESS Westernport.Md

160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES TOUR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs.Ruth Keller 18 CAUSE OF DEATH (Enter only one couse per line fee (a), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse lot, stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NOL NO [ YES 210 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION cit+ d# tawn COUNTY AT HOME STREET, FACTORY, OFFICE FARM ETC.) STATE NOT WHILE 22a. I certify that (I) (this haspital) Ittended the deceased from sow the deceased alive on and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated ICENIATURE DEGREE 22c. DATE SIGNED ATTENDING 1 MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

WIDOWED

YES [

CHANG, M.D.

48 TARN TERRACE, FROSTBURG, MD. 21532

27e ADDRESS

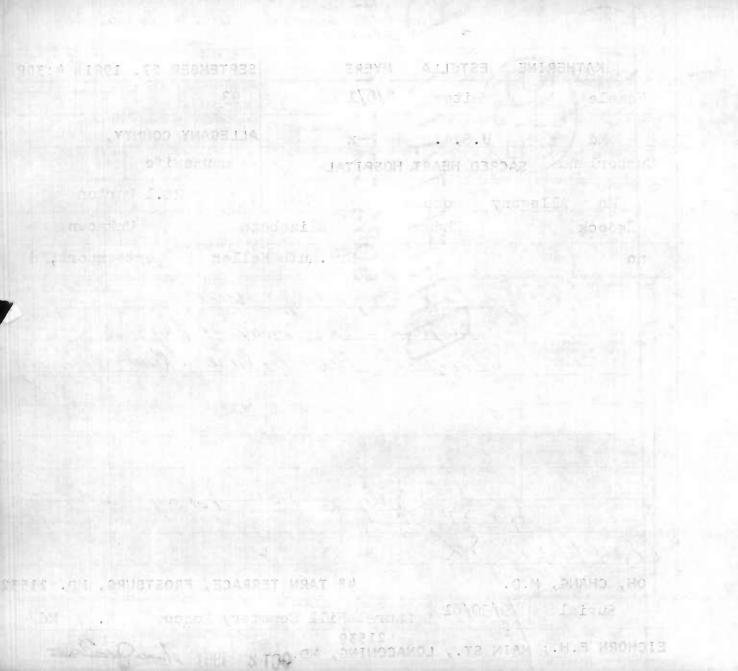
23¢ NAME OF CEMETERY OR CREMATORY 73d LOCATION Laurel Hill Cemeterv Moscow

24 FUNERAL DIRECTOR

21539

EICHORN F.H.; MAIN ST., LONACONING, MD.

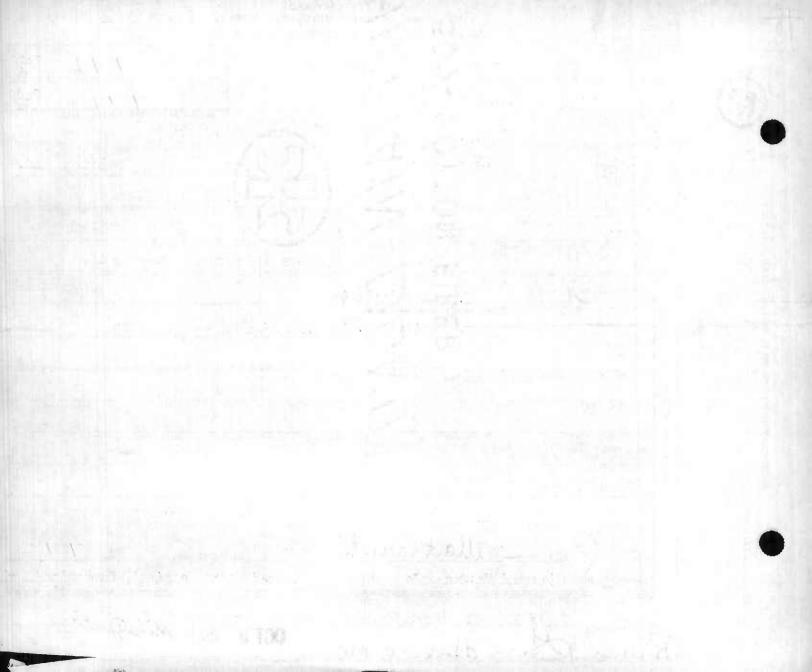
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PR SEE		CEASED NAME E OR PRINT)	Lula Mae	Nehring	MIDDLE		i	AST			OF	KNOWN ESTI- MATED	XX 9	8	YEAR 1981	34Å M
OUR FILE OUR FILE ON STRE	-	emale	4. RACE White	4 26 1	897	6. AGE (IN YEAR: LAST BIRTHDAY) 84 YRS			HOURS	MIN.	PRONOUI DEAL	NCED D	монт 9	8	,81	2d. HOUR 10: 34A M
S FOR WITHIN	Ma	RTHPLACE (SI REIGN COUNTRY) Tyland		USA			WIDOWE	DA	VER MARR	ED 🗆	A	llega		9	35	MD.
PAGE PAGE SE FILED	Cu	mberlar	nd	(KOCK)	Memor:	RSING HOME, TREET ADDRESS)	pital	R INSTITUT	TION	HOL	JAL OCCU MOST OF WO JSEWI	PATION PRUNG LIFE) I E	(TYPE OF WOR	HC	IND OF BU OR INDUST OME	ISINESS RY
MD. 21201 H. IF ANY D 1, 2, AND 31 W 3. RETAIN O 2 SHOULD ITAL RECORD	USUA 13a ST	TATE	(IF IN NURSING HOME ()		. 13€. CIT	e BEFORE ADMISSION OR TOWN	1	3d. INSIDE CI	ITY LIMITS?		EET ADDR		a Avei	nue	4	
S AFTER DEATH. IF SINE PAGES 1, 2, TITH FORM PM 3, PAGES 1 AND 2 SINISION OF VITAL	14. FA	THER'S NAME	Jerimial	n Robine		LAST		Mol	R'S MAIDE IRST Da			MIDDLE			LAST	
AFTER D SIVE PAG TH FORA AGES 1, VISION C	16a. W	S, NO, OR UNKNO	D EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b SO	CIAL SECURITY	۷٥.	Mary	Term.	Lowei	ry A	addr berde		ND 1	Daugh	ter
S CRTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY PLEASE RITING THE WONDY "PERDING" IN PERCIL IN ITEM IS BENDED 14. SAND 3 TO THE FUNERAL DIRECTOR. RITING THE WONDY "PERDING" IN PERCIL IN ITEM IS GIVE PAGES 1, 2, A AND 3 TO THE FUNERAL DIRECTOR. REDED TO THE CHIEF MEDICAL EXAMINES THONG WITH FORM PM 3. RETAIN PAGE 5 FOR YOUR FILES. BE 3 SHOULD BE USED AS A BURIAL. RRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE PILED, WITHIN 72 HOURS EDPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH RECORDS, 201 W, PRESTON STREET, OF PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	gave ris cause (a) lying cau	ns, if any, which se ta immediate ) stating the <u>under</u> -	(b) DUE TO,	OR AS A COL	dise	erote AL DISEASE	OR CONDITION	COCO N GIVEN IN PA	Nas.	y a	uter	sy			
SHOULD ORD "PER ORIEF AN ELUSED A LUCK HEAL OLURINAL, C	CERTIFICATION	19a. DATE OF	OPERATION	19b. CO	NDITION FOR	WHICH OPERA	TION WA	S PERFOR	MED?					20	AUTOPSY	? NO []
TO THE CHOULD BE PARTMENT RIOR TO BU	MEDICAL CERT		CAUSE WAS	DEATH HOUR	E OF INJURY A.M. MONTH P.M. CE OF INJURY	19	21c. HO		OCCURRE	D (ENTER)	NATURE OF IN	NJURY IN ITEA	M 18 PART I OR	PART 2)		
AGE 3: FATE DEI 21201 PI	ME	WHILE AT WORK	NOT WHILE [		FACTORY, FARM, I			REET			CITY OR TO	DWN		COUNTY		STATE
PAGE 4 SHOULD BE FORWARDED TO THE CHIEF N  TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED.  TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED.  BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, OF THE SHOULD BE USED.	-	22a. I certi death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRII	NAME Trans	ge of the remains ral causes (2)	Accident	leys	M.[	Hamic TITLE (SI	PECIFY)	Under Under Mberl	Inquiry ermined m ICALEXAN	MINER			<b>7-8</b> -502	18-
HMH-17 N15 ME (5))	(5	URIAL CREMA BUTIAL UNERAL DIREC NAME Jame	TION, REMOVAL	Sept.11 arpelli,	,1981		er &	Paul	Cem. 250. DATE SEP	C1 REC'D. BY	umber registr		A11	OUNTY	ST NOT ST	TATE

e etc. Drw en . December 

11.	FOR STATE				STATE OF	AND MENTA	_		2	2 4 (	0 4
1. D	REGISTRAR CEASED NAME	FIRST	WE	MIDOLE X	AMINER'S	LAST		DATE KNOW	G. NO.	H DAY YEA	IZb. HOÜR
	PE OR PRINT)	Roy	Nelso	n	Parrot	Sr.	1	OF ESTI-	9/2	28/84,9	9:00 A
3. SE		ite	S. DATE OF BIRTH	YEAR	AGE (IN YEARS IF UI LAST BIRTHDAY) MONT		DER 24 HRS. 2c.	DATE ONOUNCED DEAD	9/28/	DAY YE	9:00 9:00
70 E	IRTHPLACE (STATE OREIGN COUNTRY)		76. CITIZEN OF WI	HAT COUNTR	(2 1	IED X NEVER M	ARRIED	BALTIMORE CI	TY OR COU	NTY OF DEATH	12a N
Ma	ine		U.S.A		WIDOV			Allegan			ME
Cu	mberland		Memoria	1 Hospi	ta1	BER INSTITUTION		LOCCUPATION STOF WORKING LIFE MAN		Litton	Ind.
13a.	AL RESIDENCE (IF IN STATE .ryland	13b COUN Alle	or other institution, GI ITY gany		ore AOMISSION) TOWN Orleans	13d. INSIDE CITY LIMIT	TS?   13e STREET	#ADDRESS Box	92		+111
14. F	ATHER'S NAME Bernard		MIDDLE P.	arrott	300	15. MOTHER'S M Bertha	AAIDEN NAME	WIDDLE	]	Nelson	
160	WAS DECEASED EV YES, NO, OR UNKNOWN) NO		MED FORCES? WAR OR DATES)		SECURITY NO. 01-0121	Gladys	A. Parr		ame as	13.	
	18 CAUSE OF DE	ATH (Enter on	ily one couse per line							APPROXIM BETWEEN ON	AATE INTERVAL NSET AND DEATH
	4101		TE CAUSE (o)	CORONAL AS A CONSE	y Occlusi	on					
		f ony, which	= 110		oscleroti	c. Heart	Disease				
		to immediate ting the <u>under-</u> ost.		AS A CONSE							78.12
Z	PART 2 OTNER SIGNIFI	CANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMINAL DISEA	E OR CONDITION GIVEN	IN PART 1 (a)				
CERTIFICATION	190. DATE OF OP	ERATION	196 CONDI	TION FOR WH	ICH OPERATION V	AS PERFORMED?		<u> </u>		20 AUTOP	SY?
Į										YES [	NO XX
	210 EXTERNAL C.	OR		M. MONTH D.	AY YEAR	OW INJURY OCCI	URRED (ENTERNAT	'URE OF INJURY IN IT	EM 18 PART 1 OR	PART 2) .	
MEDICAL	21d. INJURY OCC WHILE AT WORK	URRED	21e PLACE	OF INJURY ( TORY, FARM, ETC.)		CATION	(	CITY OR TOWN	(	COUNTY	STATE
			ge of the remains de	scribed obove,	held on Auto	sy . Inspi	ection XX	Inquiry XX	ond in my	opinion	
	deoth resulted for	om Notu	rol couses XX	Accident	, Suicide	, Homicide		nined monner			
	ACTUAL SIGNATURE	) Wu	: ll	lasta	aufil	TITLE (SPECIF Deput	Y) IYMEDIC	AL EXAMINER	DAT SIGI		3/8L
-	EXAMINER'S NAI (TYPE OR PRINT)	ME Gior	vanni Masa	trangel	0 1	ADDRESS_Sac	red Hear	rt Hospi	tal, (	Cumberlo	ind, Mo
23a.	BURIAL, CREMATION	N, REMOVAL	23b. DATE		NE OF CEMETERY		23d. LOCA	ATION TOWN	cc	OUNTY	STATE
	Burial		\$ 10-1-81	For	t Lincoln	Cemetery	y Bren	twood	P.G	MD.	
1	DIAME DIRECTO	MX	ADDRESS	1000	- H NA		CTEG BY R	וטכור ויו		- Thomas on the	pho-
4	MOMERAC	0	rove (1	THINK	act, I'll	2,					



DECEASED NAME		FOR STATE REGISTRAR		MI	EDICAL	MENT OF	HEALTH	MARYLAND H AND MENTAL H CERTIFICATE C	F DEATH	REG. NO	_	4 0	1
Male White Jan 22 1908 ASSEMBLY COUNTS AND ADDRESS AND ADDRESS AND ADDRESS ASSEMBLY COUNTY OF DEATH AND ADDRESS ADDRESS AND ADD			Harry	R. Payn	WIDDLE			LAST	2e. D.	ATE KNOWN DF ESTI-	9 9	12 19 8	13
S. STATE FOR PROPERTY OF DEATH   S. CHIZEN OF WHAT COUNTRY   S. MARRIED   S. MARRIED   S. STATE   Allegany   S. CHIZEN OF COUNTRY OF DEATH   Allegany   S. CHIZEN OF COUNTRY OF DEATH   S. CHIZEN OF COUNTRY OF COUNTR	-			5. DATE OF BIRTH	1908	LAST BIRTHD	AY) MONT		MIN. PRON	IOUNCED	MONTH 9		130
Cumberland  (F. CONDATAMIN CONFESSION ASSESSED TO SET OF STATE ASSESSED	W (	RTHPLACE (STATE STREET COUNTRY)	inia	76. CITIZEN OF V	VHAT COUN	ITRY?			IED 🔲	_		TY OF DEATH	
13. STATE   13. COUNTY   13. CUINTY   13. CUINTY   13. MININGER	Cı	umberland	1	("TOA")	Memo]	cla I H	spit	er institution	HOS DI	ccupation (Type tal Tech	OF WORK	Medica.	TRY
JOHN H. Payne    Catherine R. Robinson   Patherine R.	13a. S	TATE	IN NURSING HOME OF ALLE	egany	134 CITY	DEFORE ADMISSION OR TOWN	nd		13e. STREET A	PRESS 1 Ce	ntra	l Avenu	е
Pearl M. Payne Cumberland, Maryland   Pearl Death (Enter only one couse per line for (a), (b), and (a)   Part I Death Was Caused by:   IMMEDIATE CAUSE (b)   Part I Death Was Caused by:   Due to, or as a consepuence of gover rise to immediate couse (a) stating the under-lying couse lost.   Due to, or as a consepuence of gover rise to immediate couse (a) stating the under-lying couse lost.   (c)   Caused Commence of gover rise to immediate couse (a) stating the under-lying couse lost.   (c)   Caused Commence of gover rise to immediate couse (a) stating the under-lying couse lost.   (c)   Caused Commence of gover rise to immediate couse (b) stating the under-lying couse lost.   (c)   Caused Commence of gover rise to immediate couse (c) stating the under-lying couse lost.   (c)   Caused Commence of gover rise to immediate couse (c)   Commence of gover rise rise rise rise rise rise rise ri	14. F	ohn H. I	Payne	WIDDIE	A	LAST		15. MOTHER'S MAIDE Catherin	e R. Ro	binson		LAST	
PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PORTAGE  ODUE TO, OR AS A CONSEPUENCE OF  Conditions, if ony, which gave rise to immediate couse (a) stating the under- lying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED?  100 AUTOPSY?  YES   110 EXTERNAL CAUSE WAS  UNDERLYING OR  P.M.  190 AUTOPSY?  YES  111 LICATION  STREET  CITY OR TOWN  COUNTY  ACTUAL  STREET  ACTUAL  SIGNATURE  PART 1 DEATH 1 (a) ACTUAL  SIGNATURE  PART 2 OTHER SIGNIFICANT  TITLE (SPECIFY)  M.D. DEPUTY  MEDICAL EXAMINER  DATE 9/12/81  SIGNATURE  EXAMINER'S NAME  Francisco Raves  Gumberland  ATTUAL  SIGNATURE  EXAMINER'S NAME  Francisco  REAMINER'S NAME  Francisco  REAMINE	1	ES, NO, OR UNKNOWN	(IF YES GIVE	WED FORCES?	16b. SOC	CIAL SECURIT	Y NO.		Payne			Maryla	nd
UNDERLYING OR COUNTING ON CAUSE OF DEATH P.M. 19    21d INJURY OCCURRED WHILE NOT WHILE AT WORK	NTION	BART & OTHER CACAL											
AT WORK AT WORK  270   Certify that I took charge of the remains described above, held an Autopsy   . Inspection   . Inquiry	0		-1						RT \$ (a),			2D AUTOPS	Y?
death resulted fram: Natural causes A. Accident Suicide . Hamicide . Undetermined manner .  ACTUAL SIGNATURE . M.D. Deputy . MEDICAL EXAMINER . SIGNED 9/12/81  EXAMINER'S NAME . Francisco . Rayes		196. DATE OF OI 216. EXTERNAL ( UNDERLYING CONTRIBUTING	PERATION  CAUSE WAS  OR  CAUSE OF E	21b TIME CHOUR A	OITION FOR OF INJURY M. MONTH M.	DAY YEAR	ATION W	VAS PERFORMED?		OF INJURY IN ITEM 18 I	PART I OR PA	YES 🗆	
EXAMINER'S NAME   Francisco Bayes   Cumberland, Maryland 21502		198. DATE OF OI  218. EXTERNAL ( UNDERLYING CONTRIBUTING 71d INJURY OC WHILE	PERATION  CAUSE WAS  OR CAUSE OF COURRED  NOT WHILE	21b TIME C HOUR A. DEATH P.,	DITION FOR  OF INJURY M. MONTH M.	DAY YEAR	ATION W	VAS PERFORMED?  OW INJURY OCCURRE	D (ENTER NATURE			YES 🗆	
		196. DATE OF OI  216. EXTERNAL ( UNDERLYING CONTRIBUTING TId INJURY OC WHILE AT WORK  276. I certify to death resulted	PERATION  CAUSE WAS  OR CAUSE OF COURRED  NOT WHILE AT WORK  that I taok charg	21b TIME CHOUR A. DEATH 21e PLACE SIREET, FA	DITION FOR  DF INJURY M. MONTH M.  OF INJURY CTORY, FARM, E	DAY YEAR  19 (ATHOME. TC.)	21f. Ho	OW INJURY OCCURRED  OCATION  STREET  Inspection  TITLE (SPECIFY)	CITY  Undetermin	ortown auiry , and administration , and administration , and administration are also and a second control of the control of th	co ad in my ap	YES UNITY	
24. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 251 HEGIST APIS SECTION OF THE PROPERTY OF T	MEDICAL	196. DATE OF OI  216. EXTERNAL CUNDERLYING CONTRIBUTING 216 INJURY OCC WHILE AT WORK  276 I certify the death resulted  ACTUAL SIGNATURE  EXAMINER'S NA	CAUSE WAS  OR CAUSE OF COURRED  NOT WHILE AT WORK  that I tack charg from: Natur  ON, REMOVAL 2	21b TIME CHOUR A. DEATH P. 21e PLACE STREET, FA  e of the remains de cal couses A.  Culture	DITION FOR  DE INJURY M. MONTH M.  FOF INJURY CTORY, FARM, E  escribed abo Accident	DAY YEAR  19 (AT HOME, TC.)  Ve, held on  Su	ATION WATERY COMMETERY COM	OW INJURY OCCURRED  CATION STREET  LOSY	CITY  D (ENTER NATURE  CITY  Undetermin  MEDICAL  DETIAND  1334 LOCATI CITY OR TOO  CUMD	ORTOWN  Quiry A. on ed manner A.  EXAMINER  Marylar  ON examiner	DATE SIGNE	YES  UNITY  DINION  1502	81 STATE

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	1-:	FOR STATE		AAI	DEPARTMENT O	FHEALT	MARYLAND H AND MENTAL H CERTIFICATE O	0		2 2	in g	0	5
3000	I. DEC	REGISTRAR CEASED NAME FOR PRINT!	Peggy		Middle		Peck	20. DAT	REG. P E KNOWN ESTI- H MATED	VO.		YEAR 1981	2b. HOUR
ACESSARY, PLE INTERPRETOR FILE INTERPRETOR YOUR FILE INTERPRETOR STREET			ack	5. DATE OF BIRTI	4 YEAR LAST BIRT	YEARS IF U	NDER I YR. IF UNDER	MIN. PRONO	UNCED AD	монтн	21	1981	2d. HOUR 4:06
- W . > - W . T	AR.	RTHPLACE (STATE OF REIGH COUNTRY)  Y LAND  TY OR TOWN OF DE		USA	WHAT COUNTRY?	WIDO		IED 🔲	legany	_		ND OF BU	P.M MD.
DELAY IS TO THE F N PAGE N PAGE S, 201 V	Cu	mberland		(IF NOT IN SUCH	FACILITY, GIVE STREET ADDREST PER HEART H	ospita		FOR MOST OF W	ORKING LIFE	TPE OF WORK	OF	INDUSTR	SA 2114E22
22, AND 3 3. RETAI 2. SHOULD AL RECOR	30. ST MA1	RYLAND	136 COUN		13c. CITY OR TOWN MARY LANI	4	134 INSIDE CITY LIMITS?	932 MAI	RESS YLAND	AVE			
ON OF VITA		THER'S NAME FIRST ANDREW		WIDDLE	FRAZIER		15. MOTHER'S MAIDE	L L			IMMS	LAST	
WITH FORM T. PAGES 1 AI DIVISION OF	160 W (YE	AS DECEASED EVE (S, NO, OR UNKNOWN)	R IN U.S. AR	MED FORCES? WAR OR DATES	215-3/1-)		17. INFORMANT RICHARD I	F. PECK.	ADDRES				
KED "FRODING" IN FRUCIL IN IEM 16. GVP PAGES 1, 2, 11 FM PAGES 1, 2, 11 FM EN GAGES 1, 2, 11 FM EN GAGES 1, 2, 12	NO	couse (o) statir lying couse las	any, which immediate gg the <u>under</u> -	(b) DUE TO, O	CUN SHOT WO  OR AS A CONSEQUENCE  OR AS A CONSEQUENCE  H BUT NOT RELATED TO THE TO	E OF	SE OR CONDITION GIVEN IN PA	WEAPON: U	пърест	1 160			
BE USED A ENT OF HEA	TIFICATI	190 DATE OF OPER	ATION	196. CONE	DITION FOR WHICH OF	ERATION V	VAS PERFORMED?					UTOPSY?	NO []
w e z e	MEDICAL CERTIFICATION	CONTRIBUTING 214 INJURY OCCU	OR CAUSE OF	DEATH 3.30P	M. MONTH DAY YE	87 SUI	iow INJURY OCCURRE	D LENTER NATURE OF		11ega	ART 2]		
TO FUNERAL DIRECTOR: PAGE 3 SHOULE AFTER DEATH, WITH THE STATE DEPARTM BALTIMORE, MARYLAND, 21201 PRIOR TO		220. I certify that death resulted fro	i I toak charg	Count pe of the remains d	escribed obove, held an Accident ,	Cur	mberlandCou psy XX Inspection Homicide XX TITLE (SPECIFY) A.D. Assista	ntryClub  Inquir  Undetermined  nt  MEDICAL EXA	Mall, C	umber ond in my o , DATE SIGN	land	9/2	
PAGE TO FU AFTER BALTIV	230. BC	EXAMINER'S NAME (TYPE OR PRINT) JRIAL, CREMATION, PECIFY)		36 DATE			OR CREMATORY	nnStreet    123d LOCATION CITY OF TOWN MARTIN					ATE
DHMH - 17 A15 ME (5) )		CREMATION UNERAL DIRECTOR LEASURE—S'	TEIN F	9-23-198 UNERAL TOTAL	1 ROSE DAI 230 BALTIN OME, INC. CUN		REMATORY 21502 SE			GISTRARS		Kith	ky



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X	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 1 2	240/
	PECEASED NAME PEOR PRINT)  RUSSEL	L JEFFERSON PO	ONTON	SEPTEMBER 9,	1981 7:30P
3.5	Male.	RACE White	S. DATE OF BIRTH  NOV. 24, 1912	6. AGE (INYEARS LAST BIRTHDAY)	MONTHS DATE HOURS MIN
10 25 hour		U. S. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNT Allegany	TY OF DEATH MD.
	CUMBERLAND	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A MEMORIAL	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Salesman,	12b. KIND OF BUSINESS OR
\$3E 130	Maryland Alle	TY 13c CITY OR TOWN	und, YES XX NO [	13e STREET ADDRESS 31 N. Prospect	Sq.
exomine exomine	Pizarro M.	M. Ponton	15 MOTHER'S MAIDEN NA FIRST Kate	WE	Goalsby
Poges 1	WAS DECEASED EVER IN U.S. ARA (YES NO OR UNKNOWN) UF YES, GIVE	WAR OF TO THE STATE OF THE STAT	RITY NO. 17 INFORMANT	tta M. Ponton, 3	Cumb. Md. 1 N. Prospect Sq
please remave carbonpape ural, cremation, ar removal. ', or other traumatic event, th	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	CAUSE (0)  DUE TO, OR AS A CONSEQU  (b)  DUE TO, OR AS A CONSEQUE  (c)	hactry CHF,	AINAL DISEASE OR CONDITION G	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
nsit permit. Then spiene prior to b shaws ony injury	19a DATE OF OPERATION		OPERATION WAS PERFORMED	20a. AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \( \cap  \cap \)
he burial-transit and Mental Hygured ar Item 18 sh	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	21b TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	19 211 LOCATION	RED (ENTER NATURE O INJURY IN ITEM 18	
Health on	WHILE NOT WHILE AT WORK  224 Certify that (I) (this hospitus saw the deceased glive on		1/8/	, to	, 19 , that (I) (we) lost

DEGREE

22e ADDRESS

PETER HALMOS CUMBERLAND, MD 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 9/12/81 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Cumberland, Rose Hill Cemetery. 24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

H. Wayne George 202 Greene St. Cumberland, Md.

22d PHYSICIAN'S NAME CONTROL

22b. SIGNATURE

Allegany Marijlano GISTRASSILLATE CHARGE CHARGE

22c. DATE SIGNED

MEDIC

21502

MEMORIAL HOSPITAL

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

SEPTEMBER 9, 1981 7:300 CUMBERNAME A MEMORIAL HISPITAL STORES, I SELECTION OF THE STORES The Control of the Co Balling of the second of the s desired to the process of sections of the party of the section of the section of the section of the section of THE STATE OF THE S MEMORIAL MOSPITAL MEZICAL OR. PETER HALMOS CUMBERLAND, MO CLEGG the sample of the same of the

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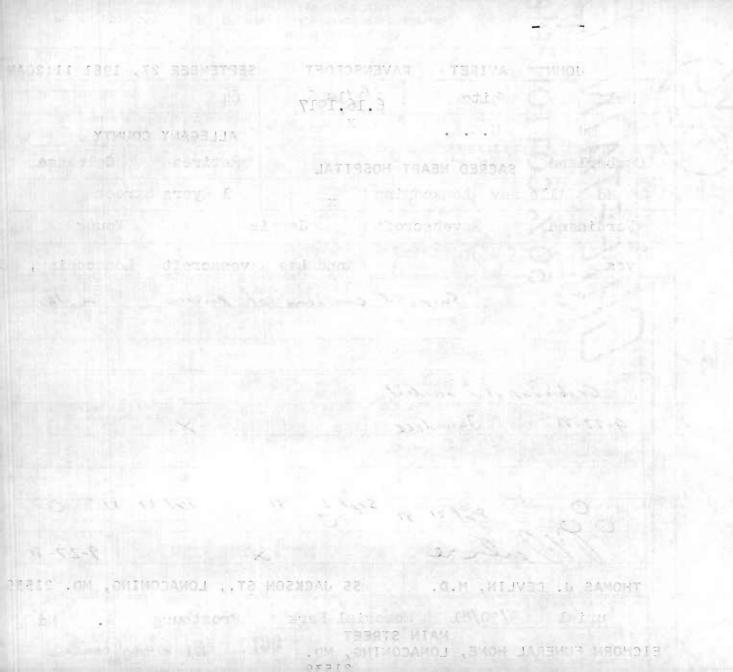
ba_			FOR STATE		1,046	ST DEPARTMENT O		MARYLAND H AND MENT	TAL HYGIE	y i	2 2	2	U	8
60	1	-4	REGISTRAR	FIRST	ME	DICAL EXAMI	NER'S	CERTIFICA	TE OF DE	K	EG. NO.			
(Vi	)		E OR PRINT)		guerite	Louis	e	Pope		20. DATE KNO OF EST DEATH MAT	1- XX	21	1987	2b. HOUR
20 E	STREET	3 SEX		RACE	S. DATE OF BIRTH	6. AGE (IN	YEARS IF U	NDER I YR. IF U	INDER 24 HRS.	2c. DATE PRONOUNCED	MONT		YEAR	2d. HOUR
ARY, L DIR YOU!	ON			lack	76 CITIZEN OF W	1954 24	YRS.		J	DEAD	9	21	1987	4:15
NECESS FUNERA 5 FOR	35 × 35	FO	RTHPLACE (STAT REIGN COUNTRY) IARYLAND		USA		WIDO	VED DI	MARRIED [		legany	Coun	ty	PM MD.
AD. 21201 1. IF ANY DELAY IS NECESSARY, PE. 2, AND 3 TO THE FUNERAL DIRECT 3. REFINIT PAGE & FOR YOUR FINE COURTS OF STORY OUR FINE COURTS OF STORY OF STO	\$52	Cu	imberlan	d	Sacred	SPITAL, NURSING HO CILITY, GIVE STREET ADDRES Heart Hosp	ital	HER INSTITUTION	120. US FOR CI	UAL OCCUPATION MOST OF WORKING LERK • MC	ON (TYPE OF WOR CRORY S	RE	IND OF BUS R INDUSTR TAIL	SINESS
21201 ANY D AND 3 RETAIN	RECORE RECORE	130. ST	L RESIDENCE (# IATE RYLAND	13b. COUL	OR OTHER INSTITUTION, GI NTY CGANY	13c CITY OR IGWN	SSION) ND	13d. INSIDE CITY LII	MITS?   I3e. STE	32 MARY	LAND AV	E.CU	MB,MD	
S T N N	DIVISION OF VITAL		THER'S NAME FIRST TAMES	ALE	MIDDLE	TAYLOR		PEGGY	MAIDEN NAM	LOU MIDDLE	PEC		LAST	
IT., BALTIMOR DURS AFTER DE 5 WITH FORM IT PORM	ISIONO	160. W	AS DECEASED E S, NO, OR UNKNOWN NO	VER IN U.S. AF	RMED FORCES? E WAR OR DATES)	219-78-6		17. INFORMAN RICHARD		CK.CUMBE	DERESS RLAND, M	D.		
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18.  PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITHIN A DESIRENT DESIRENT TO ANKIT DEPART	A BOKIAL - IKANSII PEKMI IH AND MENTAL HYGIENE, EMATION, OR REMOVAL	Z	PARTIDEAT  Ganditions, gove rise cause (a) st lying cause	if any, which to immediate oring the under	ATE CAUSE (a)	UNSHOT WOU AS A CONSEQUENCE BUT NOT RELATED TO THE TO	E OF			PON: Uns	pecifie		WEEN ONSET	AND DEATH
VITAL REC SHOULD B YORD "PENI CHIEF AND	ORIAL, CR	CERTIFICATION	190. DATE OF O	PERATION	196 CONDI	TION FOR WHICH OF	ERATION \	VAS PERFORMED	)?				AUTOPSY?	NO []
IN ON OF V	ARTMEN OR TO B		210 EXTERNAL UNDERLYING CONTRIBUTING	OR CAUSE OF	DEATH 3:30P	M 9/21 18	AR	ow INJURY OCC biect sh		NATURE OF INJURY IN	ITEM 18 PART 1 OF	PART 2)		
DIVISION THIS CETTIFIC WRITING TH	AGE 3.28 ATE DEP	MEDICAL		NOT WHILE	STREET, FAC	OF INJURY (AT HOME, TORY, FARM, ETC.)  PyClubMall		STREET		city or town			y Cou and,	nty. MD
MEDICAL EXAMINER: T CUTE THE CERTIFICATE, 28 4 SHOULD BE FORM	ER DEATH, WITH THE ST.			from Not	ge of the remains des	ni	Suicide/	Hamicide TITLE (SPECI	ify) ant_mer	Inquiry Inquir	DA' SIG	TE NED	<u>9/22/</u> 201	'81
2 % & \$ BP	PAP —	230. Bl	JRIAL, CREMATIC PECIFY) CREMAT		23b. DATE 9-23-1981	23c. NAME OF C	EMETERY		23d. Le	CATION OR TOWN	C	OUNTY	STA	ATE
DHMH (VR A15 A		24. FU				O BALTIMOR E, INC. CUMB			DE POZ	51981 2	LEGISTRA	SHONA	That	Ears

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21530

- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8



- STATE

(TYPE OR PRINT)

COUNTRY) Maryland

3 SEX

REGISTRAR

Female

To BIRTHPLACE ISTATE OR FOREIGN

O CITY OR TOWN OF DEATH

Cumberland

(YES, NO OR UNKNOWN)

190 DATE OF OPERATION

sow the deceased alive

230 BURIAL, CREMATION, REMOVAL

(SPECIFY) Burial

no

Maryland

14 FATHER'S NAME

4 RACE

Allegany

MIDDLE

Paugh

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

1. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 20 DATE OF DEATH MONTH 2b HOUR Frances Ruth Rhodes 1981 Sept. 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) HOURS White May 27. TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Allegany USA WIDOWED DIVORCED [ 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY otomac Street Retired Tire Industry JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 224 Potomac Street 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Cumberland NO 15. MOTHER'S MAIDEN NAME LAST Daisy B. Boyer 166 SOCIAL SECURITY NO. 17. INFORMANT 217-18-4593 Mr. Orval G. Rhodes, Cumberland, Husband

200 AUTOPSY?

1579	DUE TO, OR AS A CONSEQUENCE OF	
Canditions, if ony, which	(b)	
gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

			YES NOL	YES 🔲	ио 🗆
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN	I ITEM 18, PART 1 OR PART 2)	
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
220 Leastify that (1) (this hamital)	attended the deceased from 1=27	- 8/	22/-	10 87	4 60 31

cond that in ((ny))(our) opinion death occurred on the date and hour and from the causes stated above (1) we) (did) and not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN PHYSICIAN

23c. NAME OF CEMETERY OR CREMATORY

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS Dr. Anthony J. Bollino

955 Frederick St., Cumberland, Md.21502

23d. LOCATION

Burial		9-25-1981	Sunset 1	Memorial	Park
24 FUNERAL DIRECT	OR			7375 5 56	25a. D
NAME Ja	ames F.	Scarpelli.	Comberland	. Md.	1

23b. DATE

DHMH - 16 60M 7/73 (VRA 15 (4))

BP.

250. DALLAR O'D'BYCREG STRAR 256 HEALTHAN SEMANTER

20b. IF YES, WERE FINDINGS USED

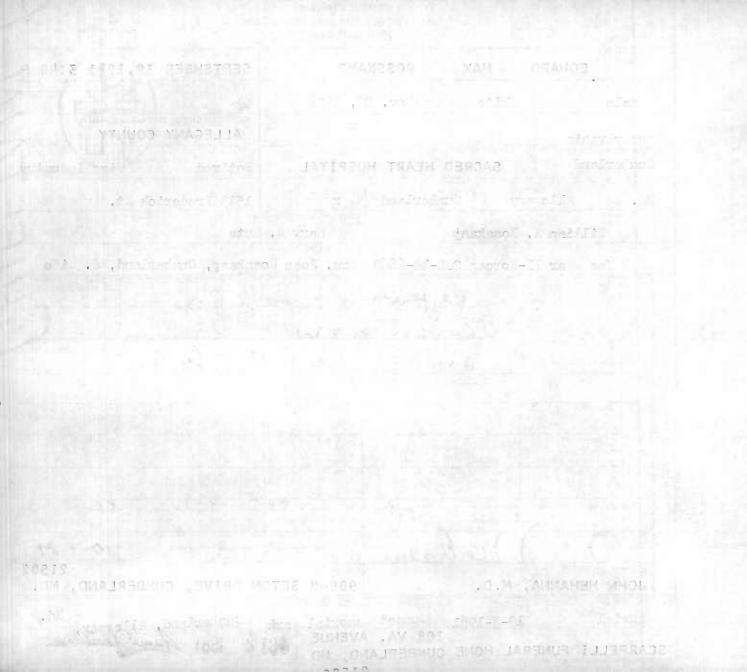
IN CERTIFYING CAUSES OF DEATH?

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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8



4		FOR STATE REGISTRAR			S DEPARTMENT O DICAL EXAM	F HEALT		ENTAL H		н ,	REG. NO.	2 4		3
AS S. S. S. F.		CEASED NAME E OR PRINT)	VELMA	RU	MIDDLE TH	RO	UT ZAHN		20.	DATE KNO OF ES DEATH MA	TED DEE		YEAR 19 81	26 HOUR 7:30
IS NECESSARY, PLEASE E FUNERAL DIRECTOR E 5 FOR YOUR FILES. DO. WITHIN 72 HOURS I W. RRESTON STREET,	-	'EMALE	4. RACE WHITE			NYEARS IF	INDER TYR.	IF UNDER Hours	MIN. PR	DEAD	SEPT	22	1981	8:30 <sub>M</sub>
NECESSARY PUNERAL DIE S F POW WITHIN 72 W PRESTON	F	RTHPLACE (ST REIGN COUNTRY) ENNSYL	VANIA	76. CITIZEN OF WE		WIDO	RIED NE	DIVORCI	ED 🗆	ALLEG				PM MD.
>EO EO	I	AVALE		(IF NOT IN SUCH FA	PITAL, NURSING HO	SS)	THER INSTITU	TION		ST OF WORKING		12b. KI	IND OF BU R INDUSTR	SINESS
	130 S MA	RYLAND	13b COUN ALI	LEGANY	I LAVALE		13d. INSIDE (	NO 💢		T ADDRESS	DRIVE			
DEATH. GES 1, 2 CAITA		SHED	DEVER IN U.S. AR	MIDDLE	WILSON	DITY NO	1 6	R'S MAIDE	N NAME	MIDDLE	DDRESS	MINI	ER	
BALTIM S. AFTER GIVE PA ITH FOR PAGES I	(Y	ES, NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)	162-18-		MARTI		NCH 1		E DRIVE		LE M	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELA RITING THE WORD "FENDING" IN PENCIL IN TEM 18. GIVE PAGES 1, 2, AND 3 TO RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PA ES SHOULD BE USED AS A BURIAL: TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FE ES SHOULD BE WELLTH AND MENTAL HYGIENE, DIVISION OF VITAL PECORDS.  OF PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	gave ris cause (a) lying cau	os, if any, which se to immediate stating the <u>under</u> se lost.	(b) de	AS A CONSEQUEN  AS A CONSEQUEN  BUT NOT RELATED TO THE	CE OF	ASE OR CONDITION	N GIVEN IN PAI	RT (a).	id	ent		0	
ON OF VITAL REI FICATE SHOULD 3. THE WORD "PER TO THE CHIEF M ARTMENT OF HEA OR TO BURRIAL, C	CAL CERTIFICATION	210 EXTERNA	OPERATION  LE CAUSE WAS  OR  NG CAUSE OF	216 TIME OF HOUR A.M DEATH P.M	MONTH DAY	EAR 21c					N ITEM 18 PART 1 C	20	AUTOPSY?	XXON
DIVISION WRITING (ARDED 'ARDED	MEDICAL	21d. INJURY C WHILE AT WORK		21e PLACE C STREET, FACT	OF INJURY (AT HOM ORY, FARM, ETC.)	E. 211 L	OCATION STREET			CITY OR TOWN		COUNTY		STATE
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE. WRITING THE WORD. "FEND PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MED TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS, AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALT BALTMORE, MARYLAND, 21201 PRIOR TO BURIAL, CRE		220. I certi deoth result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRII	NAME DO	ge of the remains des	Accident GIARRITTA	Suicide [	M.D. ADDRESS	Inspection cide , PECIFY) GOOD	Undeter	Inquiry To mined manne AL EXAMINE	r	y opinion  TE GNED  S  WWW	EPT 2	2 198 Kulle
Bb———AB		URIAL, CREMA SPECIEY) BURTAI	TION, REMOVAL	23h. DATE	23c. NAME OF 1981 MT. (		OR CREMATO	RY	23d LOC CITY OR CONN	ELLSVI	LLE FAT	COUNTY	PENN	ATE .
DHMH - 17 (VR AT5 ME (5))	-	UNERAL DIRECTION X-M		UNERAL SE	RVICE CUM	BERLAN	D MD.	SEP	281	81 A	REGIS RA	SSIGNA	NEC.	

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MPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or other troumotic event, the

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PARTMENT	OF	HE	AL'	ſΗ	AND	MENT	AL	HY

	REGISTRAR				CEKITIF	CATE OF D	EATH	REG	, NO.			
	DECEASED NAME (TYPE OR PRINT)	CLARA		WRTHA		YAN		SEPTEMBER	HINOM	24,	YEAR 181	26 HOUR 12:05
L	FEMALE		4. RACE CAUCAS	SIAN	S. DATE O	F BIRTH	97	6. AGE   IN YEARS LAS	84 YRS	IF UNDE	R I YEAR DAYS	HOURS MI
5	O. BIRTHPLACE (STATE OF COUNTRY)  MARYTAND		Ţ	WHAT COUNTRY?	WIDOWE		ORCED	9 BALTIMORE CIT	_	Y OF DE	ATH	1
0	CUMBERLAN	0	IIONS	HOSPITAL, NURSIN THE FACILITY, GIVE STREET I	H.,	R OTHER INST		120 USUAL OCCUP 1TYPE OF WORK FOR MO HOUSEWI	ST OF WORKING LI	IFE) IND	DUSTRY	F BUSINESS O
5	JSUAL RESIDENCE (IF NO 30. STATE MARYTAND	13P CON		GIVE RESIDENCE BEFORE 13c. CITY OR TOW  CUMBERL	N	13d INSIDE C	NOXX	13e. STREET ADDRES	- 4			
0	FATHER'S NAME FIRST HAN SON		WIDDLE	MILLER		SA		ONNELLY			LAŞT	1
	NO WAS DECEASED EVE (YES, NO OR UNKNOWN)		MED FORCES?	213-74		LIONS		, SETON DE	R., CUM	BERI	LAND	, MD
7	underlying cou	mmediate ting the se last GNIFICANT (	DUE TO, OF	R AS A CONSEQUE	NCE OF SCLIN	otu C NOT RELATED		INAL DISEASE OR CO	20b. IF YE IN CERTI	S, WERE	EFINDIN	NGS USED OF DEATH?
/O I	OR CONTRIBUTING  (IF EITHER NOTIFY ME 21d. IN JURY OCCU  WHILE NOTIFY ATV  27d. I certify that  Saw the decei	CAUSE OF DEAD DICAL EXAMINER RRED WHILE OORK THE Chis hospi	21e PLACE (AT HOME STR	M. MONTH DA M.  OF INJURY  DEEL FACTORY, OFFICE, FA  e deceased from C  ALL 24 19 8	Lugar	211. LOCATIO STREET	, 19 <u>81</u>	RED (ENTER NATURE OF A	RTOWN	CO:	PUNTY	STATE that (I) (we)
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2	Burial, CREMATION ISPECENT Burial 4 FUNERAL DIRECTOR NAME Villiam G		Sept27		on M		al Par	23d LOCATION CITY OF TOWN THE REC'D, BY REGISTR P 29 1981	rland	TRARS		STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

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	Nemutani.			
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et et man	204, Ethurs, 109	store saw.		

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SASE TOR. THES. THES.	3. SEX	E OR PRINT)	ELME	ER Is date of birth	CHARLES 6 AGE (		ABER		OF ESTI-	XX 9/30	0 1981 DAY YEAR	1,530
RY, PU DIRECT OUR FI ON STR		M 4. KA	M	March 1	9 15 E	THDAY) MON	NDER 1 YR. IF UN		PRONOUNCED DEAD	9/3		3 H3 W
PRESTA PRESTA		RTHPLACE (STATE OR		76. CITIZEN OF W		8. MARE	IED XX NEVER M	ARRIED .	9. BALTIMORE CIT	Y OR COUNTY	OF DEATH	MD.
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E, MD. 2 S1, 2, PM. 3. PM. 3. PM. 3. FM. 3.		THER'S NAME	-	estou Elme	•		15. MOTHER'S M	AIDEN NAME	(unknow)		LAST	
ALTIMORI AFTER DE SIVE PAGE H FORM AGES I AI	{Y	VAS DECEASED EVE ES, NO, OR UNKNOWN)	R IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIAL SECU 217-10-	IRITY NO.	17. INFORMANT			mberla	<del>Johnsan</del> and, M treet	
HTAL RECORDS, 201 WRESTON ST., BALTIMORE, MD. 21201 SHOULD BE EXECUTED (HIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NEGESSARY, PLEASE DRD "PENDING" IN PEHL IN ITEM 18, GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. CHIEF MEDICAL EXAMER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FILES. USED AS A BURIAL - TINSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 12 HOURS OF HEALTH AND MENL HYGIENE, DIVISION OF WITAL RECORDS, 201 WE PRESTON STREET, URIAL, CREMATION, OREMOVAL.	No.	Conditions, if cause (a) stable lying cause los	MAS CAUSE  IMMEDIA  any, which  g the <u>under</u>	D BY: TE CAUSE (a)  DUE TO, OR  DUE TO, OR	Anteria  Anteria  As a Consequent  As a Consequent  As a Consequent  But not related to the	OSC16 CE OF			disease		BETWEEN ONSE	TAND DEATH
DIVISION OF VITAL REC S CERTFICATE SHOULD E RITING THE WORD "PEN ROED TO THE CHIEF ME RE 3 SHOULD BE USED A PEDRARMENT OF HEAD OF PRIOR TO BURRIAL, CR	MEDICAL CERTIFICATION	190. DATE OF OPER 216. EXTERNAL CAI UNDERLYING CONTRIBUTING 216 INJURY OCCUI WHILE NO	USE WAS OR CAUSE OF	21b. TIME O HOUR A.A DEATH P.A	A. MONTH DAY Y	EAR 216 H			NATURE OF INJURY IN ITEM	A 18 PART I OR PART :		NOX.X
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOLE EXECUTE THE CERTIFICATE, WRITING THE WORD 'SPAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USE AFTER PEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURRIA	and a	22a. I certify that death resulted fro ACTUAL SIGNATURE	Notu	ral causes XX,	scribed above, held of Accident , , , , , , , , , , , , , , , , , , ,	Suicide	Homicide TITLE (SPECIF	Y) MEDI	Inquiry XX, ermined manner  CAL EXAMINER  On Drive	OND IN MY OPIN  DATE SIGNED.	9/30/	
₽₩₩₽₹₩ BP	An	JRIAL, CREMATION, PECIFY)  atomical  JNERAL DIRECTOR			981 Md. St	. Anat		d. Bal	CATION Driown Ltimore	county Balti	more .	Md.
DHMH - 17 (VR A15 ME (5) ) 15M 2/80		NAME	itt Fu	meral Sei	404 Dec	atur S and, M	d. 25a. D	OCT 5	REGISTRAR 256	inu G	Molle	

TERROR HULLAND FEDOR CONT. instanting of the second secon . The Recent Park Tenderal Fers. Rember 1 and 10.

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15	7 V () = 1		FOR STATE		F HEALTH AND MENTAL		6 6 4 1 0
13-			REGISTRAR		INER'S CERTIFICATE	OF DEATH REG. N	10.
	1		EASED NAME FIRST	MIDDLE	LAST	20. DATE KNOWN	MONTH DAY YEAR 76 HOUR
5 9 1	/ Ra		Anton	io Nark	Sellare	OF ESTI- DEATH MATED	7 12 19 81 3:19M
982	SA //	3. SEX	4. RACE	DATE OF BIRTH 6. AGE (II		ER 24 HRS. 2c. DATE	MONTH DAY YEAR 24 HOUR
7. A	10		MIN	DATE OF BIRTH MONTH DAY  YEAR LAST BIR LAST BIR	PYRS. HOURS	MIN. PRONOUNCED DEAD	9 12 1081 3:10
SARY VOU	STO T	70. Bl		b. CITIZEN OF WHAT COUNTRY?	1 .7	9. BALTIMORE CITY	OR COUNTY OF DEATH
SE S	NIHIN NIH NIH	FO	Organ Town	11 6 A	MARRIED NEVER MAR	- 1 1 1 -	
AY IS NECESSARY. THE FUNERAL DIR. AGE 5 FOR YOU	.×	1B. CI		11. NAME OF HOSPITAL, NURSING HO	WIDOWED DIVOR	120. USUAL OCCUPATION (TY	PE OF WORK 17b, KIND OF BUSINESS
A GE	= 8-1	0	un bareland	T IN SUCH FACILITY, GIVE STREET ADDRES	Haraid	FOR MOST OF WORKING LIFE)	OR INDUSTRY
	# S C	_	am per igna	Memoria	110>110	Theneir majis	TraleJustice of
	SHOULD BE	13a.5	ATE COUNTY		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 1/a	7
BALTIMORE, MD. 21201 S AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND ON 3. RETA	550	W	est Virginia Mo	nonealia Morso	INTOWN YES NO D	s   Sella	roll.
MD.	47	14. FA	THER'S NAME	AADDIS CAST	15. MOTHER'S MAIL	DEN NAME MIDDLE	LAST
DEATH GES 1,	\$31	6	alvatore	5 Sellar	o Asiln	ta M	Fazio
MORE, ER DEA PAGES	-7	16a. V	AS DECEASED EVER IN U.S. ARMI		RITY NO. 17. INFORMANT	ADDRES	
BALTIMORE SS AFTER DE/ GIVE PAGE	DIVISION		S, NO, OR UNKNOWN) (IF YES, GIVE W.	1 113	757 35 Daugy	ame	
TON ST., BALT 24 HOURS AFI LITEM 18. GIVE ALONG WITH F	AND	Ϋ́				771 6	APPROXIMATE INTERVAL
ST. ST.	F, C		<ol> <li>CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED)</li> </ol>	ane cause per line for (a), (b), and (c),) BY:	Museous	Jis Trans	BETWEEN ONSET AND DEATH
O TEN	YAL VAL		1/100 MMEDIATE		MIYOCAYO	nal Infar	ction
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A PEN	O. F. J.		cause (a) stating the <u>under-</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE	E OF		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. RDED TO THE CHIEF MEDICAL EXAMINER ALONG W	USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D IRIAL, CREMATION, OR REMOVAL.	50.	7,300	(c)			
S S S S	AAN		PART 2 OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION GIVEN IN	PART 1 (o).	
CORDS BE EXEC NDING	S A	O					
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DI THIS WRI	TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BURIAL, G		AT WORK AT WORK				
ORV.	E SI	-	220. I certify that I took charge	of the remains described above, held a	Autapsy , Inspect	ion X, Inquiry X, o	and in my apinian
MINE FECTOR	6±₹		death resulted fram: Natural	causes Accident	Sylicide , Hamicide	Undetermined manner	
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<b>6</b> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	20 × 2		EXAMINER'S NAME		11	17 Bishop War	Kh Rd. Cumherby
TO ME EXECU	TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND,	22- 0	(TYPE OR PRINT)  JRIAL, CREMATION, REMOVAL 23b	DATE IN MANY OF	ADDRESS		Zit jie Cumpet equ
	_ \ W	230.D	PECIFY)			23d. LOCATION CITY OR TOWN	COUNTY STATE
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DHMH	H-17				21000	SED 1 7 1001 /	have fan larin.
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME a. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED 8:55 G. Seward Elmer PLASE

THE MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOUND TO THE FUNERAEDIRECTOR.

USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 and 2 SHOULD BE FILED.

WITHIN 72 HOURS

OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W. PRESION SIRETT, 3. SEX 4. RACE AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 20 HOU 2c. DATE YEAR PRONOUNCED LAST BIRTHDAY Sept. 20,1914 White Feb. DEAD Male Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY West Virginia Allegany TISA WIDOWED DIVORCED 12a. USUAL OCCUPATION (TYPE OF WORK ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY Memorial Hospital FOR MOST OF WORKING LIFE) Cumberland Retired-County Board USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Route 9. Creek Road Cumberland Maryland Allegany NO ST 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST Bessie D. Dawson William Seward In. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Maxine Seward, Wife, Cumberland, Md. Yes War CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY:

Arteriosclerotic Heart Disease APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. SETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B AUTOPSY? TO BURIAL, YES ICATE, WRITING THE WORI FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U THE STATE DEPARTMENT O 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 218 PLACE OF INJURY (ATHOME. 11 LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted from: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER eart Hospital, Cumberland EXAMINER'S NAME Giovanni Mastrangello (TYPE OR PRINT) **ADDRESS** 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial Cumberland, Allegany, Md. Sunset Memorial Park BP 74 FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** James F. Scarpelli. Cumberland. Md. rasul (VR A15 ME (5)) 15M 2/80

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2	1	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 2 4 8
	11-	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO.
7. # A. B. E.	1. DE	CEASED NAME FIRST MODILE LAST 20. DATE KNOWN MONTH DAY YEAR 26. HOUR OF ESTI- DEATH MATED 9 10 19 11 1505A
2000		emale White g g g 64 17 yrs. IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTH DAY YEAR 2d. HOU PRONOUNCED G 9 11 1981 1:05 A
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AORE, MD R DEATH R DEATH R MA PAGES 1, 2 R M PAGES	1	Tesse W sions Clara I Taylor
URS AFTER DE URS AFTER DE WITH FORM IT. PAGES I AN	16a V	VAS DECEASED EVER IN U.S. ARMED FORCES? ES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  166 SOCIAL SECURITY NO.  17. INFORMANT  State Police ADDRESS  (Keyse; West Virgin  APPROXIMATE INTERVAL
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L RECORDS, 201 ULD BE EXECUTED "PENDING" IN 18 F MEDICAL EXA ED AS A BURIAL HEALTH AND M AL, CREMATION.	TION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101:  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? Condition for WHICH OPERATION WAS PERFORMED?
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE. WRITING THE WORD."PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR. PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	MEDICAL CER	216. EXTERNAL CAUSE WAS  216. TIME OF INJURY  UNDERLYING OR  CONTRIBUTING CONTRIBUTING CONTRIBUTION  ON THE CONTRIBUTION  216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART I OR PART 2)  A PIGUR P Truck STOUCK her on a dark high way  216. PLACE OF INJURY  (AT HOME, 216. LOCATION)  WHILE NOT WHILE TO STREET, FACTORY, FARM, ETC.)  STREET OF CUITY OR TOWN COUNTY  STATE
DI CATE, WRI CATE, WRI CORE STATE CHE STATE		AT WORK AT WORK A High way Knowley Rd Countage Mineral W.V.  22a   Certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry . and in my apinian
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O MEDIC XECUTE TI PAGE 4 SI PAGE 10 ENER PAGE DEAR	222.8	EXAMINER'S NAME Francisco Reyes ADDRESS 1112 Bishop Walsh Rd. Campberland
BP	(	URIAL CREMATION, REMOVAL 236. DATE  236. NAME OF CEMETERY OR CREMATORY  BURIAL SECURY  BURIAL SECURY  BURIAL SECURY  BURIAL SECURY  1256. DATE REC'D. BURIAL SIGNATURE  1256. DATE REC'D. BY REGISTRAR'S SIGNATURE
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STATE OF MARYLAND

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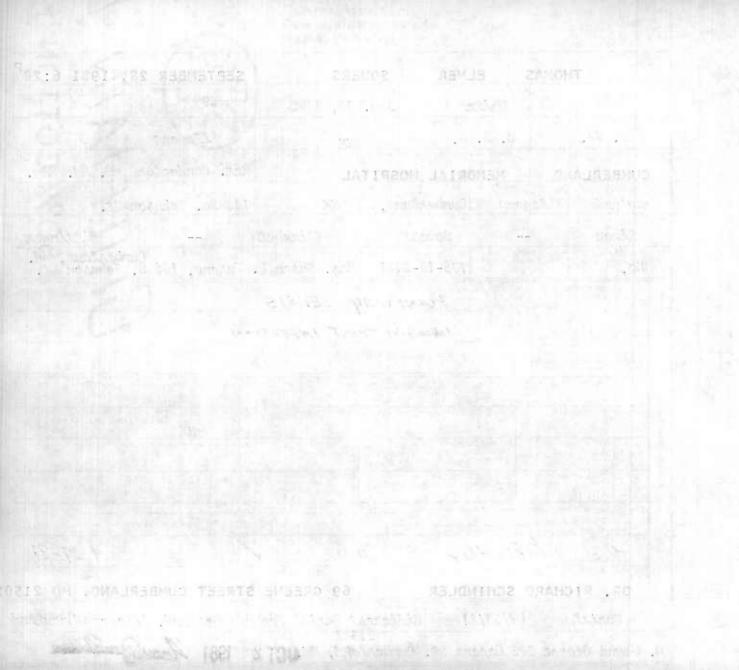
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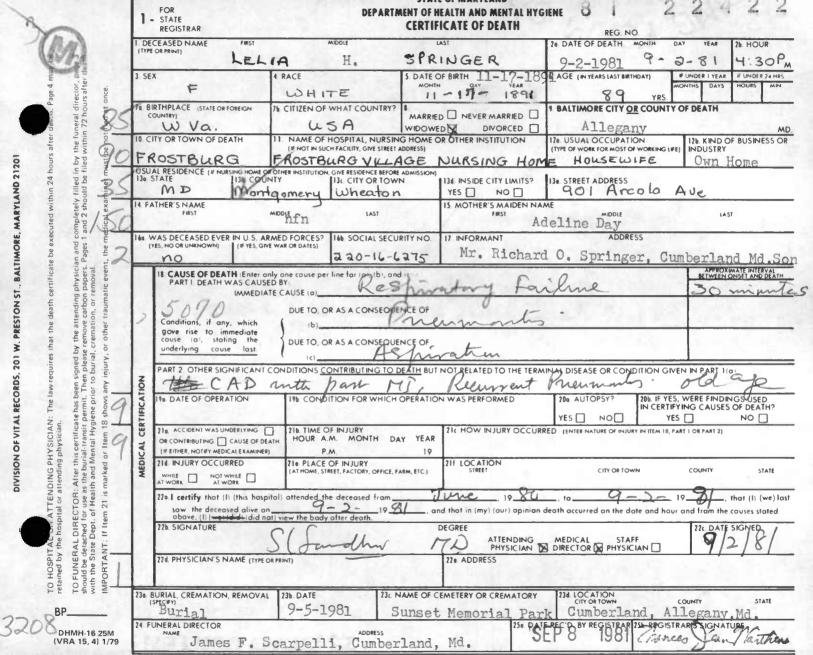
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. SEX		1	4 RACE		5. DATE OF	F BIRTH	6 AGE (IN YEAR			IF UNDER 1 YE AF	IF UNDER 24
	female		whit	e	OT-	20-27 YEAR	54		YRS "	AONIHS DAYS	HOURS
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_	rostburg, I	MD.	(IF NOT IN SUC	HOSPITAL, NURSING H FACILITY, GIVE STREET AD UTG COMMUT	DDRESS)	Hospital	12a USUAL OC	CUPATION	N VORKING LIFE	INDUSTRY	of Business
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	(AS DECEASED EVER I		MED FORCES? WAR OR DATES)	220-16-26		J Mallery	48 Tarn	ADDRESS		Frost	oura.
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1	14. FA	THER'S NAME		MIDDLE		LAST		IS. MOTHE	ER'S MAIDE	NNAME	м	IDDLE			LAST	
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/		no						Mr.	Lynn	E.	Tharp	Cum	berlar	nd H	ıs bar	nd
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and a		UNDERLYING CONTRIBUTIN	OR NG CAUSE OF D		P.M.	19										
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BALLMOKE, MAKTIANU,	-	EXAMINER'S I		Fran	cisco	Reye	5	ADDRESS_	1117	2 3	ishop	Wa	15h 12	d. C	umb	revlaud
· —	23a. B	URIAL CREMAT		3b. DATE		NAME OF CEMI			ORY		CATION			INITY		476
	(5	Burial		9-13-8	31 I	Hillcres	t Bu	rial	Park	Cu	mber]	land -	Alle	UNTY	Mc	ATE
	24. F	UNERAL DIREC	TOR		DRESS		- AP (		25a. DATER	PD PY	RECHETRA	9 750 PF	ETMEPRE	SA-1941	die .	II.
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## STATE OF MARYLAND

Sim.	lia	Girls

1	STATE REGISTRAR		DEPART		FICATE OF DEATH	REG. NO.	60.00	Gua v	
	CEASED NAME FIRE CORPRINT)		M. TO	MLIN	SON	SEPTEMBE			26 HOUR 17:05AN
3. SE	X	4. RACE		5. DATE (		6 AGE (IN YEARS LAST BIRTH		UNDER 1 YEAR	IF UNDER 24 HRS
	Female	Cauc	asian	July		85	YRS.	NIHS DATS	HOURS MIN.
¹a. B	IRTHPLACE (STATE OR FOREK	Th. CITIZEN C	F WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY OR		FDEATH	
M	aryland	U.S	A.	WIDOW		Allegany			MD
10 €	ITY OR TOWN OF DEATH		F HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION	N	12b. KIND C	OF BUSINESS OR
C	JMBERLAND.		MEMORIAL		PITAL	TIPE OF WORK FOR MOST OF V	-	ckowit	T Co
13o. M	aryland A	OME OR OTHER INSTITUTE COUNTY Llegany	13c. CITY OR TOW	/N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 22 Davidso			Md
14. 17	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WIDDLE		LAS	ST
4	Johnson		DeVore		Aurelia	400000	C	cowe	
160	WAS DECEASED EVER IN U YES, NO OR UNKNOWN) (IF	I.S. ARMED FORCES YES. GIVE WAR OR DATES)			17. INFORMANT	ADDRESS			
	No		212-01-9	7792A	Mrs. Helen	Walls 22 Day	idson		IMATE INTERVAL ONSET AND DEATH
Z	Conditions, if ony, wh gove rise to immedicause (o., stating underlying cause to PART 2 OTHER GIGNIFIC	ich offe the DUE TO, (c)_CANT CONDITIONS	11	busen Encrop Chrom	is Acides	Failer.	TION GIVEN	IN PART 11	0
CERTIFICATION	190 DATE OF OPERATION	19h CO)	A	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN	VERE FINDI	NGS USED S OF DEATH?
MEDICAL CERT	210. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH HOUR	OF INJURY A.M. MONTH DI P.M.	AY YEAR	21c. HOW INJURY OCCUR			: OR PART 2)	
MED	21d. INJURY OCCURRED  WHILE ONOT WHILE AT WORK	CAT MOME	E OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY OR TOWN	4	COUNTY	STATE
	22a.1 certify that (1) (this saw the deceased of above, (1) (we) (did) (	ive on	19	. 01	., 19	death occurred on the date	e and hour o		
	DR NAGARA	INAM/RAN	N.A.Kanid	16	PHYSICIAN [	RIAL MEDIC	AL BU	UILD#	
100	MARINA	V - V					RYLA	ND ON	21502
	BURIAL, CREMATION, REM				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOW	477	COUNTY	STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

24. FUNERAL DIRECTOR FUNERAL Home

57 Frost Ave. Frostburg, Md. 21532

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN. The low etoined by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If them 21 is morked or Item 18 shows any injury, or other traumatic event, the medical exa

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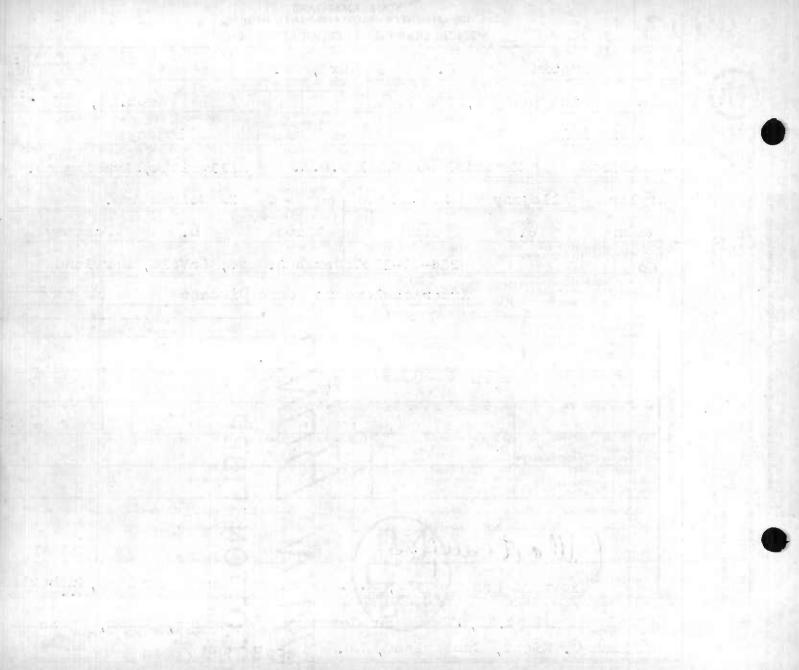
		1.	FOR - STATE REGISTRAR	DEPARTI	STATE OF MAI MENT OF HEALTH A CERTIFICATE (	ND MENTAL HYG	IENE 8	2 2	2	6
0			CEASED NAME FIRST	WIDDLE	LAST		2a DATE OF DEATH M	ONTH DAY	YEAR 26. HOUR	R A
od A MAM	1		LEWI	S EDWARD 1	YRFF	Edward	SEPTEMBER	2 20.	1981 2.4	M O
ou T		3. SE	X	4 RACE	5. DATE OF BIRTH	AY YEAR	6. AGE IN YEARS LAST BIRTH		DER LYEAR IF UNDER	24 HRS
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4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	99	/a B	COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NE	VER MARRIED	9 BALTIMORE CITY OR	COUNTY OF	DEATH	
deo der	00	10.0	Virginia ITY OR TOWN OF DEATH	U.S.A.  11. NAME OF HOSPITAL NURSIN	WIDOWED _	DIVORCED	ALLEGANY 12a USUAL OCCUPATIO			MD.
ors offer	52	C	umberland	SACRED HEART	HOSPITA		TYPE OF WORK FOR MOST OF V	WORKING LIFE) IT	NDUSTRY	
4 hoursed in	20	13a.	STATE 136 COUN			DE CITY LIMITS?	13e STREET ADDRESS			TQA
hin 24 l ly filled should	20		ryland   Alle	gany LaVale	YES [	NO 🎇	1109 Braddo	ock Roa	d	
pletel nd 2	A 18	14. E/		AIDDLE LAST	15. MOTI	HER'S MAIDEN NAM	WIDDIE		LAST	
E 0 9	214	14- 1	Daniel	W Tyree		Nannie			Drain	
e execu				WAR OR DATES)			ADDRES	7709 1	Braddock F	Rd
ion rs. P			No	214-07-0 y one couse per line (a), (b), on		Lillian	Tyree	LaWale	Md_	
s that the death certificated by the attending phase remove corbon partial, cremation, ar remove or other traumatic even			PART I. DEATH WAS CAUSED  IMMEDIATE  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  (c)	ENCE OF	g (OA	t Cecc)			
en signe Then p or to buy		NOIL		onditions <u>contributing to </u>						
The fow cion.  e hos be sit permit giene priitans on hows on how	9	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH			YES NO	IN CERTIFYING	RE FINDINGS USED G CAUSES OF DEATH NO	H?
SICIAN: TI ng physicio certificate rriol-transit ental Hygii frem 18 sha	9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH DA	AY YEAR	W INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART I	OR PART 2)	
ottendin ottendin ter this os the bu		MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY JAT HOME STREET, FACTORY, OFFICE F	ARM ETC ) 211 LOC	ATION	CITY OR TOWN	N	COUNTY ST	TATE
TTENDIN prtol or TOR: Af for use o of Health			226.1 certify that (1) (this hospite saw the deceased alive an abave, (1) (we) (did) (did not	al) attended the deceased from		(my) (our) opinion d	, to leath occurred on the date	, 19_	, that (I) (w	,
Y the hos Y the hos RAL DIREC detoched oute Dept.			226. SIGNATURE	your my	DEGREE		MEDICAL STAFF DIRECTOR PHYSICIA		22c. DATE SIGNED	S USED STATE  It (I) (we) lost state  STATE  It (I) (we) lost STATE
HOSPI ned b FUNE old be of the Si			22d. PHYSICIAN'S NAME (TYPE	July 1	22e. ADI	RESS			381.5	
etoined by TO FUNERA should be di with the Sto			GARY L. WAG	ONER, M.D.	925	BISHOP	WALSH ROA	D CUM	BERLAND.	МГ
o F s s s s s s s s s s s s s s s s s s		23a. E	SURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEMETERY		23d LOCATION	501	INITY CT	1415
BP			Burial	Oct 1,1981 Re	est Lawn M	em Garder	LaVale .	Allegar	y Marylan	ad
DHMH - 16 50M 1/B1 (VRA 15, 4)			INERAL DIRECTOR SILCOX-MERRIT	T FUNERAL HOM	404 Decatu	ur St 25a. D S	TREO DEBY-REGISTRAR 25	REGISTRAR	Jan Part	hen

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CARY L. MACQUES, M.D. 905 BISHOP WALSH BOAD CURBERLAND, ME

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(VRA 15, 4)

STATE OF MARYLAND

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FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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'	REGISTRAR				CERTII	ICATE OF	DEATH		REG. NO	D.			
	CEASED NAME	FIRST		MIDDLE		LAST		20 DATE O		MONTH	DAY YE	AR	26. HOUR AM
1,,,,,	CAPRING	VERN	E	E.	WII	SON	Jr.	SEPT	EMBER	5.	1981		2:00 M
3 SE	Male		4 RACE Whi	te	S DATE (	H DAY	1916	6. AGE (IN	YEARS LAST BIRT	(HDAY)	MONTHS D	YE AR DAYS	IF UNDER 24 HRS HOURS MIN.
	RTHPLACE (STATE COUNTRY) W.Va.	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWI	_	R MARRIED   DIVORCED		Alle	R COUN	TY OF DEAT	Н	MD.
	MBERLAN		11. NAME OF (#F NOT IN SUC MEM	HOSPITAL, NURSIN CHEACILITY, GIVE STREET OR I AL HO	OSPI	CAL	STITUTION	(TYPE OF WO	OCCUPATION ASSESSED AND ASSESSED ASSESS	F WORKING	LIFE) INDUS	TRY	BUSINESS OR
13a. S	AL RESIDENCE (IF NI STATE W.Va.	136 COUN		13c. CITY OR TOW Keyser	N	13d INSIDE	CITY LIMITS?	13e STREET	address J. Dav	is S	t.		
14 FA	Verne	Е.	MIDDLE	Wilson			R'S MAIDEN NA	E.	MIDDLE	Li	ller	LAST	
16a V	VAS DECEASED EVI YES, NO OR UNKNOWN)		E WAR OR DATES)	166 SOCIAL SECU 233-30-		Mrs.	Louise	Murphy	ADDRE 7,593		iedmor		yser, W. St.,
Z	Conditions, if or gove rise to it cause (a), statunderlying cou	immediate sting the use last.	(b)	OR AS A CONSTIDUE	KU		OBSI ED TO THE TERA					RT 1(a	
CERTIFICATION	190. DATE OF OPER	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTO	OPSY?	IN CERT	ES, WERE FILL IFYING CAL	NDINI JSES (	GS USED OF DEATH? NO
	210. ACCIDENT WAS I OR CONTRIBUTING [ (IF EITHER NOTIFY M	CAUSE OF DEA	TH HOUR A	DF INJURY .M. MONTH DA .M.	AY YEAR	21c HOW	INJURY OCCUR	RRED (ENTER N.	ATURE OF INJUR	RY IN ITEM II	3 PART I OR PAR	1 2)	
MEDICAL	21d INJURY OCCL	WHILE		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	21f. LOCAT			CITY OR TO	WN	COUNT	ſΥ	STATE
1	ow the dece	ased alive on		ne deceased from		nd that in (m	y) (our) opinian	, to death accurre	ed on the do	ote and h			hat (I) (we) last auses stated
1	224 PHYSIC ANS	S)	201	Lum	_ /	190	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF		9	16	18/
	DR. JA		1111			ZZE. ADDR	200				/	1	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The etained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely tilled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be made with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar other traumatic ev

IMPORTANT: If them 21 is marked or them

DHMH - 16 50M 1/B1 (VRA 15, 4)

Keyser, W. Va.

Potomac Memorial Gardens Keyser Mineral,

REGISTRAR'S SIGNATURO

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